

						AID CODE 10		----- MONTHLY AVERAGE -----	
18,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	13,935	300,185	\$ 6,555,801.18	\$ 21.84	15.875	\$ 470.46	\$ 346.70		
@PHYSICIANS SERVICES	2,555	9,898	\$ 151,433.61	\$ 15.30	.523	\$ 59.27	\$ 8.01		
OUTPATIENT VISITS	70	84	3,212.05	38.24	.004	45.89	.17		
OFFICE VISITS	59	70	2,289.76	32.71	.004	38.81	.12		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	12	13	876.53	67.43	.001	73.04	.05		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00		
INPATIENT VISITS	13	38	872.03	22.95	.002	67.08	.05		
HOSPITAL VISITS	10	29	348.18	12.01	.002	34.82	.02		
CRITICAL CARE	1	7	482.60	68.94	.000	482.60	.03		
SNF/ICF/TRANS IP CARE	2	2	41.25	20.63	.000	20.63	.00		
OPHTHALMOLOGICAL SERVICES	25	30	1,326.84	44.23	.002	53.07	.07		
EXAMINATIONS	25	30	1,326.84	44.23	.002	53.07	.07		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	7	20	3,211.52	160.58	.001	458.79	.17		
PRINCIPAL SURGEON	5	6	2,639.84	439.97	.000	527.97	.14		
ASSISTANT SURGEON	1	1	207.00	207.00	.000	207.00	.01		
ANESTHESIOLOGIST	2	13	364.68	28.05	.001	182.34	.02		
OUTPATIENT SURGERY	11	18	3,477.88	193.22	.001	316.17	.18		
PRINCIPAL SURGEON	10	12	3,254.56	271.21	.001	325.46	.17		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	6	223.32	37.22	.000	111.66	.01		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	14	18	283.14	15.73	.001	20.22	.01		
RADIOLOGY	33	48	1,328.63	27.68	.003	40.26	.07		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	3	4	21.21	5.30	.000	7.07	.00		
OTHER SERVICES/ALL X-OVERS	2,443	9,638	137,700.31	14.29	.510	56.37	7.28		
@PHARMACY	11,847	223,848	\$ 3,132,419.75	\$ 13.99	11.838	\$ 264.41	\$ 165.66		
PRESCRIPTION DRUGS	11,628	43,568	3,035,338.88	69.67	2.304	261.04	160.52		
SNF/ICF	245	1,588	87,048.53	54.82	.084	355.30	4.60		
OUTPATIENTS	11,400	41,980	2,948,290.35	70.23	2.220	258.62	155.92		
MEDICAL SUPPLIES	1,274	180,280	97,080.87	.54	9.534	76.20	5.13		
@DENTIST	569	2,096	\$ 97,764.73	\$ 46.64	.111	\$ 171.82	\$ 5.17		
VISITS - DIAGNOSTIC	385	1,278	16,462.73	12.88	.068	42.76	.87		
ORAL SURGERY	83	283	15,178.75	53.64	.015	182.88	.80		
DRUGS	1	1	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	15	15	1,455.00	97.00	.001	97.00	.08		
ENDODONTICS	8	12	3,035.00	252.92	.001	379.38	.16		
RESTORATIVE DENTISTRY	109	200	12,921.50	64.61	.011	118.55	.68		
PROSTHETICS	4	5	150.00	30.00	.000	37.50	.01		
DENTURES, STAYPLATES	121	301	48,561.75	161.33	.016	401.34	2.57		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	6	1	.00	.00	.000	.00	.00		

SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
18,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	325	986	\$	16,971.35	\$ 17.21	.052	\$ 52.22	\$.90	
DIAGNOSTIC AND ANC. PROCED	28	28		1,208.96	43.18	.001	43.18	.06	
EYE APPLIANCES	283	880		14,435.56	16.40	.047	51.01	.76	
OTHER OPTOMETRIC SERVICES	43	78		1,326.83	17.01	.004	30.86	.07	
@CHIROPRACITOR	3	9	\$	142.12	\$ 15.79	.000	\$ 47.37	\$.01	
VISITS	1	6		91.96	15.33	.000	91.96	.00	
OTHER SERVICES	2	3		50.16	16.72	.000	25.08	.00	
@PODIATRIST	325	804	\$	7,428.25	\$ 9.24	.043	\$ 22.86	\$.39	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	325	804		7,428.25	9.24	.043	22.86	.39	
@HOME HEALTH AGENCY	1	1	\$	45.75	\$ 45.75	.000	\$ 45.75	\$.00	
NURSE ANESTHESIST	1	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,744	6,402	\$	1,145,267.70	\$ 178.89	.339	\$ 656.69	\$ 60.57	
HOSP INPATIENT TOTAL	255	378		998,319.95	2641.06	.020	3914.98	52.80	
HSC HOSPITALS	14	84		110,203.44	1311.95	.004	7871.67	5.83	
NON-HSC HOSPITAL TOTAL	56	294		727,807.37	2475.54	.016	12996.56	38.49	
ACCOMMODATIONS	56	294		235,812.46	802.08	.016	4210.94	12.47	
ADMINISTRATIVE DAYS	2	4		728.83	182.21	.000	364.42	.04	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	55	290		235,083.63	810.63	.015	4274.25	12.43	
ANCILLARIES	56	0		491,994.91	.00	.000	8785.62	26.02	
INPATIENT CROSSOVERS	186	0		160,309.14	.00	.000	861.88	8.48	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,563	6,024		146,947.75	24.39	.319	94.02	7.77	
MEDICAL	141	177		5,069.58	28.64	.009	35.95	.27	
SURGERY	13	14		683.54	48.82	.001	52.58	.04	
PATHOLOGY	43	162		1,867.97	11.53	.009	43.44	.10	
RADIOLOGY	23	34		2,740.24	80.60	.002	119.14	.14	
ROOM USE	60	74		2,911.60	39.35	.004	48.53	.15	
CROSSOVERS/ALL OTH OUTPTNT	1,406	5,563		133,674.82	24.03	.294	95.07	7.07	
@COUNTY HOSPITAL TOTAL	2	4	\$	302.78	\$ 75.70	.000	\$ 151.39	\$.02	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	4		302.78	75.70	.000	151.39	.02	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	2	2		231.40	115.70	.000	115.70	.01	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	71.38	35.69	.000	35.69	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,363

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

18,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,742	6,398	\$ 1,144,964.92	\$ 178.96	.338	\$ 657.27	\$ 60.55
COMM HOSP INPATIENT TOTAL	255	378	998,319.95	2641.06	.020	3914.98	52.80
HSC HOSPITALS	14	84	110,203.44	1311.95	.004	7871.67	5.83
NON-HSC HOSPITALS TOTAL	56	294	727,807.37	2475.54	.016	12996.56	38.49
ACCOMMODATIONS	56	294	235,812.46	802.08	.016	4210.94	12.47
ADMINISTRATIVE DAYS	2	4	728.83	182.21	.000	364.42	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	290	235,083.63	810.63	.015	4274.25	12.43
ANCILLARIES	56	0	491,994.91	.00	.000	8785.62	26.02
INPATIENT CROSSOVERS	186	0	160,309.14	.00	.000	861.88	8.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,561	6,020	146,644.97	24.36	.318	93.94	7.76
MEDICAL	141	177	5,069.58	28.64	.009	35.95	.27
SURGERY	11	12	452.14	37.68	.001	41.10	.02
PATHOLOGY	43	162	1,867.97	11.53	.009	43.44	.10
RADIOLOGY	23	34	2,740.24	80.60	.002	119.14	.14
ROOM USE	58	72	2,840.22	39.45	.004	48.97	.15
CROSSOVERS/ALL OTH OUTPTNT	1,406	5,563	133,674.82	24.03	.294	95.07	7.07
@STATE HOSPITAL	23	731	\$ 369,115.94	\$ 504.95	.039	\$ 16048.52	\$ 19.52
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	23	731	369,115.94	504.95	.039	16048.52	19.52
@NURSING FACILITY	280	6,184	\$ 1,000,132.34	\$ 161.73	.327	\$ 3571.90	\$ 52.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	14	1,754.48	125.32	.001	1754.48	.09
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	279	6,170	998,377.86	161.81	.326	3578.42	52.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	56	85	\$ 46,240.47	\$ 544.01	.004	\$ 825.72	\$ 2.45
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	56	85	46,240.47	544.01	.004	825.72	2.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	55	95	\$ 1,098.54	\$ 11.56	.005	\$ 19.97	\$.06
PATHOLOGY	48	72	979.45	13.60	.004	20.41	.05
XO AND OTHERS	7	23	119.09	5.18	.001	17.01	.01
@ORGANIZED OUTPATIENT CLINIC	1,451	2,401	\$ 118,042.01	\$ 49.16	.127	\$ 81.35	\$ 6.24
CLINIC	2	2	49.27	24.64	.000	24.64	.00
SURGICENTER	56	64	11,517.45	179.96	.003	205.67	.61
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,396	2,335	106,475.29	45.60	.123	76.27	5.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,364

18,909 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 10				
				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,072	46,645	\$ 469,698.62	\$ 10.07	2.467	\$ 226.69	\$ 24.84	
DURABLE MED. EQUIP.	74	232	37,826.66	163.05	.012	511.17	2.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	58	96	16,343.65	170.25	.005	281.79	.86	
MEDICAL TRANSPORTATION	113	2,681	17,352.86	6.47	.142	153.57	.92	
AMBULANCES/AIR TRANS	8	115	1,027.14	8.93	.006	128.39	.05	
OTHER TRANS	79	2,496	15,918.84	6.38	.132	201.50	.84	
OTHER SERVICES	27	70	406.88	5.81	.004	15.07	.02	
ACUPUNCTURE	37	101	1,796.01	17.78	.005	48.54	.09	
ADULT DAY HEALTH CARE CTR	40	512	35,649.32	69.63	.027	891.23	1.89	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	555	3,338	203,292.07	60.90	.177	366.29	10.75	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	335	786	9,300.00	11.83	.042	27.76	.49	
PHYSICAL THERAPIST	1	4	2.81	.70	.000	2.81	.00	
PORTABLE X-RAY	14	25	14.99	.60	.001	1.07	.00	
PROSTHETIST/ORTHOTISTS	1	1	5.10	5.10	.000	5.10	.00	
PROSTHETICS	1	1	5.10	5.10	.000	5.10	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	3	5	108.50	21.70	.000	36.17	.01	
SPEECH AND AUDIOLOGY	82	174	12,975.55	74.57	.009	158.24	.69	
HOSPICE SERVICES	33	700	93,318.13	133.31	.037	2827.82	4.94	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,043	37,990	41,712.97	1.10	2.009	39.99	2.21	
@CALIF. CHILDREN SERVICES*	3	3	\$ 105.00	\$ 35.00	.000	\$ 35.00	\$.01	
@XOVER EXCLUDING STATE HOSP**	4,543	25,095	\$ 682,966.76	\$ 27.22	1.327	\$ 150.33	\$ 36.12	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLINDPAGE 15,365
03/14/05

2,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 20				
				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,717	84,444	\$ 1,699,585.26	\$ 20.13	35.766	\$ 989.86	\$ 719.86	
@PHYSICIANS SERVICES	455	1,446	\$ 50,832.24	\$ 35.15	.612	\$ 111.72	\$ 21.53	
OUTPATIENT VISITS	197	328	12,555.94	38.28	.139	63.74	5.32	
OFFICE VISITS	159	239	6,757.61	28.27	.101	42.50	2.86	
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01	
EMERGENCY ROOM	56	79	5,489.91	69.49	.033	98.03	2.33	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.02	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	9	8	230.27	28.78	.003	25.59	.10	
INPATIENT VISITS	27	115	4,738.04	41.20	.049	175.48	2.01	
HOSPITAL VISITS	27	112	4,373.24	39.05	.047	161.97	1.85	
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.15	

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	21	25		1,155.82	46.23	.011	55.04	.49
EXAMINATIONS	21	25		1,155.82	46.23	.011	55.04	.49
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	67		5,539.00	82.67	.028	553.90	2.35
PRINCIPAL SURGEON	6	10		3,967.23	396.72	.004	661.21	1.68
ASSISTANT SURGEON	1	2		336.36	168.18	.001	336.36	.14
ANESTHESIOLOGIST	5	55		1,235.41	22.46	.023	247.08	.52
OUTPATIENT SURGERY	28	99		8,632.73	87.20	.042	308.31	3.66
PRINCIPAL SURGEON	17	20		6,302.71	315.14	.008	370.75	2.67
ASSISTANT SURGEON	2	2		201.79	100.90	.001	100.90	.09
ANESTHESIOLOGIST	10	77		2,128.23	27.64	.033	212.82	.90
DIALYSIS	4	8		355.33	44.42	.003	88.83	.15
PATHOLOGY	27	74		1,028.37	13.90	.031	38.09	.44
RADIOLOGY	64	103		4,591.10	44.57	.044	71.74	1.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17		172.29	10.13	.007	24.61	.07
OTHER SERVICES/ALL X-OVERS	231	610		12,063.62	19.78	.258	52.22	5.11
@PHARMACY	1,345	43,090	\$	534,975.06	\$ 12.42	18.251	\$ 397.75	\$ 226.59
PRESCRIPTION DRUGS	1,300	5,714		492,032.90	86.11	2.420	378.49	208.40
SNF/ICF	21	135		5,822.08	43.13	.057	277.24	2.47
OUTPATIENTS	1,280	5,579		486,210.82	87.15	2.363	379.85	205.93
MEDICAL SUPPLIES	251	37,376		42,942.16	1.15	15.831	171.08	18.19
@DENTIST	73	408	\$	11,969.80	\$ 29.34	.173	\$ 163.97	\$ 5.07
VISITS - DIAGNOSTIC	60	247		3,370.10	13.64	.105	56.17	1.43
ORAL SURGERY	11	56		2,756.00	49.21	.024	250.55	1.17
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	6		406.50	67.75	.003	101.63	.17
ENDODONTICS	3	6		426.00	71.00	.003	142.00	.18
RESTORATIVE DENTISTRY	22	76		3,451.20	45.41	.032	156.87	1.46
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	5	10	1,495.00	149.50	.004	299.00	.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,366
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	2,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23		70	\$ 2,835.67	\$ 40.51	.030	\$ 123.29	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	8		8	399.25	49.91	.003	49.91	.17
EYE APPLIANCES	19		58	2,221.94	38.31	.025	116.94	.94
OTHER OPTOMETRIC SERVICES	2		4	214.48	53.62	.002	107.24	.09
@CHIROPRACTOR	1		1	16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	16.72	16.72	.000	16.72	.01
@PODIATRIST	60		131	\$ 980.65	\$ 7.49	.055	\$ 16.34	\$.42
MEDICINE/INJECTIONS	10		13	378.40	29.11	.006	37.84	.16
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	50		118	602.25	5.10	.050	12.05	.26
@HOME HEALTH AGENCY	17		2,016	\$ 60,076.26	\$ 29.80	.854	\$ 3533.90	\$ 25.45
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	355		2,591	\$ 275,948.61	\$ 106.50	1.097	\$ 777.32	\$ 116.88
HOSP INPATIENT TOTAL	42		91	224,720.30	2469.45	.039	5350.48	95.18
HSC HOSPITALS	3		6	9,716.17	1619.36	.003	3238.72	4.12
NON-HSC HOSPITAL TOTAL	20		85	199,075.11	2342.06	.036	9953.76	84.32
ACCOMMODATIONS	20		85	49,338.03	580.45	.036	2466.90	20.90
ADMINISTRATIVE DAYS	1		10	2,313.00	231.30	.004	2313.00	.98
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20		75	47,025.03	627.00	.032	2351.25	19.92
ANCILLARIES	20		0	149,737.08	.00	.000	7486.85	63.42
INPATIENT CROSSOVERS	19		0	15,929.02	.00	.000	838.37	6.75
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	329		2,500	51,228.31	20.49	1.059	155.71	21.70
MEDICAL	97		144	5,679.63	39.44	.061	58.55	2.41
SURGERY	24		27	1,696.11	62.82	.011	70.67	.72
PATHOLOGY	104		593	6,309.93	10.64	.251	60.67	2.67
RADIOLOGY	50		68	4,287.76	63.06	.029	85.76	1.82
ROOM USE	127		191	7,090.52	37.12	.081	55.83	3.00
CROSSOVERS/ALL OTH OUTPTNT	184		1,477	26,164.36	17.71	.626	142.20	11.08
@COUNTY HOSPITAL TOTAL	0		0	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,367
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						AID CODE 20
					----- MONTHLY AVERAGE -----		
2,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	355	2,591	\$ 275,948.61	\$ 106.50	1.097	\$ 777.32	\$ 116.88
COMM HOSP INPATIENT TOTAL	42	91	224,720.30	2469.45	.039	5350.48	95.18
HSC HOSPITALS	3	6	9,716.17	1619.36	.003	3238.72	4.12
NON-HSC HOSPITALS TOTAL	20	85	199,075.11	2342.06	.036	9953.76	84.32
ACCOMMODATIONS	20	85	49,338.03	580.45	.036	2466.90	20.90
ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.004	2313.00	.98
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	47,025.03	627.00	.032	2351.25	19.92
ANCILLARIES	20	0	149,737.08	.00	.000	7486.85	63.42
INPATIENT CROSSOVERS	19	0	15,929.02	.00	.000	838.37	6.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	329	2,500	51,228.31	20.49	1.059	155.71	21.70
MEDICAL	97	144	5,679.63	39.44	.061	58.55	2.41
SURGERY	24	27	1,696.11	62.82	.011	70.67	.72
PATHOLOGY	104	593	6,309.93	10.64	.251	60.67	2.67
RADIOLOGY	50	68	4,287.76	63.06	.029	85.76	1.82
ROOM USE	127	191	7,090.52	37.12	.081	55.83	3.00
CROSSOVERS/ALL OTH OUTPTNT	184	1,477	26,164.36	17.71	.626	142.20	11.08
@STATE HOSPITAL	24	731	\$ 379,245.25	\$ 518.80	.310	\$ 15801.89	\$ 160.63
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	731	379,245.25	518.80	.310	15801.89	160.63
@NURSING FACILITY	23	544	\$ 91,767.28	\$ 168.69	.230	\$ 3989.88	\$ 38.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	23	544	91,767.28	168.69	.230	3989.88	38.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	50	1,047	\$ 113,549.87	\$ 108.45	.443	\$ 2271.00	\$ 48.09
HOSPITAL BASED	7	156	63,539.66	407.31	.066	9077.09	26.91
HEMODIALYSIS CENTER	43	891	50,010.21	56.13	.377	1163.03	21.18
@REHABILITATION FACILITY	21	241	\$ 3,499.70	\$ 14.52	.102	\$ 166.65	\$ 1.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	21	241	3,499.70	14.52	.102	166.65	1.48
@LABORATORY FACILITY	44	269	\$ 3,180.50	\$ 11.82	.114	\$ 72.28	\$ 1.35
PATHOLOGY	43	267	3,162.85	11.85	.113	73.55	1.34
XO AND OTHERS	1	2	17.65	8.83	.001	17.65	.01

@ORGANIZED OUTPATIENT CLINIC	131	205	\$	17,797.69	\$	86.82	.087	\$	135.86	\$	7.54
CLINIC	4	9		551.42		61.27	.004		137.86		.23
SURGICENTER	3	3		453.88		151.29	.001		151.29		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	125	193		16,792.39		87.01	.082		134.34		7.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,368
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	2,361 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	363		31,654	\$ 152,909.96	\$ 4.83	13.407	\$ 421.24	\$ 64.76
DURABLE MED. EQUIP.	64		216	34,055.39	157.66	.091	532.12	14.42
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1		1	551.31	551.31	.000	551.31	.23
MEDICAL TRANSPORTATION	80		14,864	45,287.45	3.05	6.296	566.09	19.18
AMBULANCES/AIR TRANS	25		142	3,147.24	22.16	.060	125.89	1.33
OTHER TRANS	54		14,716	42,105.04	2.86	6.233	779.72	17.83
OTHER SERVICES	1		6	35.17	5.86	.003	35.17	.01
ACUPUNCTURE	3		12	216.26	18.02	.005	72.09	.09
ADULT DAY HEALTH CARE CTR	7		54	3,757.32	69.58	.023	536.76	1.59
GENETIC DISEASE TESTING	1		1	105.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	42		192	15,124.39	78.77	.081	360.10	6.41
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	33		84	1,868.14	22.24	.036	56.61	.79
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13		45	10,666.53	237.03	.019	820.50	4.52
PROSTHETICS	13		45	10,666.53	237.03	.019	820.50	4.52
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4		23	669.81	29.12	.010	167.45	.28
SPEECH AND AUDIOLOGY	5		8	1,661.52	207.69	.003	332.30	.70
HOSPICE SERVICES	1		112	16,740.64	149.47	.047	16740.64	7.09
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55		946	10,679.43	11.29	.401	194.17	4.52
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	131		15,096	11,526.77	.76	6.394	87.99	4.88
@CALIF. CHILDREN SERVICES*	97		5,535	\$ 203,492.89	\$ 36.76	2.344	\$ 2097.86	\$ 86.19
@XOVER EXCLUDING STATE HOSP**	372		6,108	\$ 94,346.08	\$ 15.45	2.587	\$ 253.62	\$ 39.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,369
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	93,138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76,228		1,659,433	\$ 91,063,791.53	\$ 54.88	17.817	\$ 1194.62	\$ 977.73
@PHYSICIANS SERVICES	18,739		98,235	\$ 2,791,930.87	\$ 28.42	1.055	\$ 148.99	\$ 29.98
OUTPATIENT VISITS	8,543		12,366	512,448.02	41.44	.133	59.98	5.50
OFFICE VISITS	5,003		6,699	212,820.30	31.77	.072	42.54	2.28
HOME VISITS	119		154	8,654.20	56.20	.002	72.72	.09
EMERGENCY ROOM	3,296		4,676	268,217.19	57.36	.050	81.38	2.88

PREVENTIVE CARE	14	14	572.84	40.92	.000	40.92	.01
OB VISITS/COMPRE PERI	18	32	2,197.02	68.66	.000	122.06	.02
OTHER OUTPATIENT	682	791	19,986.47	25.27	.008	29.31	.21
INPATIENT VISITS	1,475	6,528	325,535.53	49.87	.070	220.70	3.50
HOSPITAL VISITS	1,103	5,343	240,916.10	45.09	.057	218.42	2.59
CRITICAL CARE	165	543	64,401.63	118.60	.006	390.31	.69
SNF/ICF/TRANS IP CARE	351	642	20,217.80	31.49	.007	57.60	.22
OPHTHALMOLOGICAL SERVICES	513	668	27,337.34	40.92	.007	53.29	.29
EXAMINATIONS	512	667	27,270.20	40.88	.007	53.26	.29
SERVICES AND MATERIALS	1	1	67.14	67.14	.000	67.14	.00
INPATIENT HOSPITAL SURGERY	549	3,452	279,872.55	81.08	.037	509.79	3.00
PRINCIPAL SURGEON	387	565	209,907.29	371.52	.006	542.40	2.25
ASSISTANT SURGEON	35	34	7,377.14	216.97	.000	210.78	.08
ANESTHESIOLOGIST	222	2,853	62,588.12	21.94	.031	281.93	.67
OUTPATIENT SURGERY	1,424	4,045	286,408.35	70.81	.043	201.13	3.08
PRINCIPAL SURGEON	1,152	1,533	231,802.33	151.21	.016	201.22	2.49
ASSISTANT SURGEON	9	9	1,037.11	115.23	.000	115.23	.01
ANESTHESIOLOGIST	353	2,503	53,568.91	21.40	.027	151.75	.58
DIALYSIS	150	197	34,818.85	176.75	.002	232.13	.37
PATHOLOGY	1,239	3,339	53,034.05	15.88	.036	42.80	.57
RADIOLOGY	4,468	8,514	404,250.60	47.48	.091	90.48	4.34
PSYCHIATRY	6	7	205.28	29.33	.000	34.21	.00
IMMUNIZATION AND INJECTION	453	5,946	324,005.88	54.49	.064	715.24	3.48
OTHER SERVICES/ALL X-OVERS	7,226	53,173	544,014.42	10.23	.571	75.29	5.84
@PHARMACY	59,216	854,858	\$ 27,666,399.27	\$ 32.36	9.178	\$ 467.21	\$ 297.05
PRESCRIPTION DRUGS	58,337	265,372	27,030,681.72	101.86	2.849	463.35	290.22
SNF/ICF	1,580	11,904	1,186,349.26	99.66	.128	750.85	12.74
OUTPATIENTS	56,885	253,468	25,844,332.46	101.96	2.721	454.33	277.48
MEDICAL SUPPLIES	5,188	589,486	635,717.55	1.08	6.329	122.54	6.83
@DENTIST	4,310	17,988	\$ 642,408.32	\$ 35.71	.193	\$ 149.05	\$ 6.90
VISITS - DIAGNOSTIC	3,065	11,344	152,176.93	13.41	.122	49.65	1.63
ORAL SURGERY	692	1,995	116,345.75	58.32	.021	168.13	1.25
DRUGS	8	9	100.00	11.11	.000	12.50	.00
ANESTHESIA	23	23	1,900.00	82.61	.000	82.61	.02
PERIODONTICS	183	213	22,659.00	106.38	.002	123.82	.24
ENDODONTICS	158	226	43,799.25	193.80	.002	277.21	.47
RESTORATIVE DENTISTRY	1,123	2,874	161,073.05	56.04	.031	143.43	1.73
PROSTHETICS	36	40	880.00	22.00	.000	24.44	.01
DENTURES, STAYPLATES	384	1,073	138,777.62	129.34	.012	361.40	1.49
SPACE MAINTAINERS	2	2	240.00	120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	11	15	1,545.47	103.03	.000	140.50	.02
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	40	68	2,765.00	40.66	.001	69.13	.03
ALL OTHER SERVICES	88	105	146.25	1.39	.001	1.66	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,370
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
93,138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,964	5,904	\$ 119,032.64	\$ 20.16	.063	\$ 60.61	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	759	821	34,627.17	42.18	.009	45.62	.37
EYE APPLIANCES	1,616	4,860	77,177.75	15.88	.052	47.76	.83
OTHER OPTOMETRIC SERVICES	150	223	7,227.72	32.41	.002	48.18	.08
@CHIROPRACTOR	203	522	\$ 8,511.51	\$ 16.31	.006	\$ 41.93	\$.09
VISITS	186	493	8,146.99	16.53	.005	43.80	.09

OTHER SERVICES	17	29		364.52		12.57	.000	21.44		.00
@PODIATRIST	1,019	1,805	\$	22,666.97	\$	12.56	.019	\$ 22.24	\$	.24
MEDICINE/INJECTIONS	252	316		8,133.13		25.74	.003	32.27		.09
SURGERY/ANES.	13	15		1,274.98		85.00	.000	98.08		.01
RADIO./PATHOLOGY	3	3		65.74		21.91	.000	21.91		.00
OTHER	759	1,471		13,193.12		8.97	.016	17.38		.14
@HOME HEALTH AGENCY	380	11,940	\$	409,535.89	\$	34.30	.128	\$ 1077.73	\$	4.40
NURSE ANESTHESIST	2	7	\$	234.83	\$	33.55	.000	\$ 117.42	\$	.00
NURSE MIDWIFE	65	407	\$	7,437.32	\$	18.27	.004	\$ 114.42	\$	.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	12	14	\$	450.60	\$	32.19	.000	\$ 37.55	\$	.00
@TOTAL HOSPITAL	16,985	85,993	\$	13,967,560.01	\$	162.43	.923	\$ 822.35	\$	149.97
HOSP INPATIENT TOTAL	1,371	5,650		11,685,718.79		2068.27	.061	8523.50		125.47
HSC HOSPITALS	182	1,271		1,928,022.64		1516.93	.014	10593.53		20.70
NON-HSC HOSPITAL TOTAL	706	4,379		9,231,258.73		2108.07	.047	13075.44		99.11
ACCOMMODATIONS	704	4,379		2,636,041.28		601.97	.047	3744.38		28.30
ADMINISTRATIVE DAYS	13	214		43,426.58		202.93	.002	3340.51		.47
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	693	4,165		2,592,614.70		622.48	.045	3741.15		27.84
ANCILLARIES	706	0		6,595,217.45		.00	.000	9341.67		70.81
INPATIENT CROSSEOVERS	513	0		526,437.42		.00	.000	1026.19		5.65
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	16,227	80,343		2,281,841.22		28.40	.863	140.62		24.50
MEDICAL	6,210	10,132		373,724.58		36.89	.109	60.18		4.01
SURGERY	1,311	1,491		72,988.43		48.95	.016	55.67		.78
PATHOLOGY	5,001	22,558		282,256.60		12.51	.242	56.44		3.03
RADIOLOGY	3,325	5,030		448,015.48		89.07	.054	134.74		4.81
ROOM USE	8,111	12,030		455,646.51		37.88	.129	56.18		4.89
CROSSEOVERS/ALL OTH OUTPTNT	7,074	29,102		649,209.62		22.31	.312	91.77		6.97
@COUNTY HOSPITAL TOTAL	61	237	\$	42,142.84	\$	177.82	.003	\$ 690.87	\$	.45
CO HOSPITAL INPATIENT TOTAL	11	35		36,270.18		1036.29	.000	3297.29		.39
HSC HOSPITALS	11	27		32,048.00		1186.96	.000	2913.45		.34

NON-HSC HOSPITALS TOTAL	1	8	4,222.18	527.77	.000	4222.18	.05
ACCOMMODATIONS	1	8	1,850.40	231.30	.000	1850.40	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	8	1,850.40	231.30	.000	1850.40	.02
ANCILLARIES	1	0	2,371.78	.00	.000	2371.78	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	52	202	5,872.66	29.07	.002	112.94	.06
MEDICAL	17	24	702.27	29.26	.000	41.31	.01
SURGERY	5	5	381.07	76.21	.000	76.21	.00
PATHOLOGY	14	71	1,764.36	24.85	.001	126.03	.02
RADIOLOGY	6	6	337.97	56.33	.000	56.33	.00
ROOM USE	34	53	2,025.65	38.22	.001	59.58	.02
CROSSOVERS/ALL OTH OUTPTNT	24	43	661.34	15.38	.000	27.56	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,371							
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05							
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60							

93,138 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	16,944			85,756	\$	13,925,417.17	\$	162.38		.921		\$ 821.85		\$ 149.51	
COMM HOSP INPATIENT TOTAL	1,360			5,615		11,649,448.61		2074.70		.060		8565.77		125.08	
HSC HOSPITALS	171			1,244		1,895,974.64		1524.10		.013		11087.57		20.36	
NON-HSC HOSPITALS TOTAL	705			4,371		9,227,036.55		2110.97		.047		13088.00		99.07	
ACCOMMODATIONS	703			4,371		2,634,190.88		602.65		.047		3747.07		28.28	
ADMINISTRATIVE DAYS	13			214		43,426.58		202.93		.002		3340.51		.47	
TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	
ALL OTHER ACCOM	692			4,157		2,590,764.30		623.23		.045		3743.88		27.82	
ANCILLARIES	705			0		6,592,845.67		.00		.000		9351.55		70.79	
INPATIENT CROSSOVERS	513			0		526,437.42		.00		.000		1026.19		5.65	
ALL OTHER INPATIENT	0			0		.00		.00		.000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	16,191			80,141		2,275,968.56		28.40		.860		140.57		24.44	
MEDICAL	6,197			10,108		373,022.31		36.90		.109		60.19		4.01	
SURGERY	1,306			1,486		72,607.36		48.86		.016		55.60		.78	
PATHOLOGY	4,993			22,487		280,492.24		12.47		.241		56.18		3.01	
RADIOLOGY	3,321			5,024		447,677.51		89.11		.054		134.80		4.81	
ROOM USE	8,090			11,977		453,620.86		37.87		.129		56.07		4.87	
CROSSOVERS/ALL OTH OUTPTNT	7,054			29,059		648,548.28		22.32		.312		91.94		6.96	
@STATE HOSPITAL	1,918			59,552	\$	32,323,767.19	\$	542.78		.639		\$ 16852.85		\$ 347.05	
MENTALLY ILL	0			0		.00		.00		.000		.00		.00	
DEVELOP. DISABLED	1,918			59,552		32,323,767.19		542.78		.639		16852.85		347.05	
@NURSING FACILITY	856			23,405	\$	3,746,845.00	\$	160.09		.251		\$ 4377.16		\$ 40.23	
LEV A-INTERMEDIATE	0			0		.00		.00		.000		.00		.00	
LEV B-REHAB MD	235			8,187		1,159,587.14		141.64		.088		4934.41		12.45	
LEV B-SUBACUTE FREESTANDING	0			0		.00		.00		.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	16			529		300,046.27		567.20		.006		18752.89		3.22	
LEV B-TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	
LEV B-REGULAR	605			14,689		2,287,211.59		155.71		.158		3780.52		24.56	
@INTERMEDIATE CARE FACIL.-DD	455			14,109	\$	2,974,633.39	\$	210.83		.151		\$ 6537.66		\$ 31.94	
ICF DDH	230			7,337		1,242,326.41		169.32		.079		5401.42		13.34	
ICF DD	0			0		.00		.00		.000		.00		.00	
ICF DDN/DDCN	225			6,772		1,732,306.98		255.80		.073		7699.14		18.60	
@HEMODIALYSIS TOTAL	619			17,242	\$	777,750.94	\$	45.11		.185		\$ 1256.46		\$ 8.35	
HOSPITAL BASED	0			0		.00		.00		.000		.00		.00	
HEMODIALYSIS CENTER	619			17,242		777,750.94		45.11		.185		1256.46		8.35	

@REHABILITATION FACILITY	408	5,053	\$	78,820.99	\$	15.60	.054	\$	193.19	\$	.85
HOSPITAL BASED	61	508		11,026.16		21.71	.005		180.76		.12
INDEPENDENT FACILITY	347	4,545		67,794.83		14.92	.049		195.37		.73
@LABORATORY FACILITY	4,384	17,889	\$	254,762.43	\$	14.24	.192	\$	58.11	\$	2.74
PATHOLOGY	4,349	17,776		253,753.53		14.28	.191		58.35		2.72
XO AND OTHERS	35	113		1,008.90		8.93	.001		28.83		.01
@ORGANIZED OUTPATIENT CLINIC	12,126	24,416	\$	2,289,654.14	\$	93.78	.262	\$	188.82	\$	24.58
CLINIC	435	1,319		35,949.05		27.25	.014		82.64		.39
SURGICENTER	119	375		30,585.98		81.56	.004		257.03		.33
HEROIN DETOX CLINIC	44	631		7,642.59		12.11	.007		173.70		.08
RURAL HEALTH CLINIC	11,587	22,091		2,215,476.52		100.29	.237		191.20		23.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,372
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

						----- MONTHLY AVERAGE -----			
93,138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	10,633	420,094	\$ 2,981,389.22	\$ 7.10	4.510	\$ 280.39	\$ 32.01		
DURABLE MED. EQUIP.	1,267	4,948	856,941.57	173.19	.053	676.35	9.20		
BLOOD BANK	15	19	2,868.75	150.99	.000	191.25	.03		
HEARING AID DISPENSERS	78	121	17,154.85	141.78	.001	219.93	.18		
MEDICAL TRANSPORTATION	1,934	100,935	483,541.15	4.79	1.084	250.02	5.19		
AMBULANCES/AIR TRANS	1,237	9,314	188,246.37	20.21	.100	152.18	2.02		
OTHER TRANS	620	91,477	285,117.87	3.12	.982	459.87	3.06		
OTHER SERVICES	98	144	10,176.91	70.67	.002	103.85	.11		
ACUPUNCTURE	138	357	6,017.22	16.85	.004	43.60	.06		
ADULT DAY HEALTH CARE CTR	135	1,545	107,119.21	69.33	.017	793.48	1.15		
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.000	105.00	.02		
IHMC,MODEL-NF,NF,AIDS,MSSP	559	11,235	466,341.39	41.51	.121	834.24	5.01		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	1,825	4,204	47,477.67	11.29	.045	26.02	.51		
PHYSICAL THERAPIST	71	340	4,424.00	13.01	.004	62.31	.05		
PORTABLE X-RAY	44	85	1,420.76	16.71	.001	32.29	.02		
PROSTHETIST/ORTHOTISTS	186	776	116,924.31	150.68	.008	628.63	1.26		
PROSTHETICS	186	776	116,924.31	150.68	.008	628.63	1.26		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	173	534	12,915.80	24.19	.006	74.66	.14		
SPEECH AND AUDIOLOGY	910	2,938	139,725.25	47.56	.032	153.54	1.50		
HOSPICE SERVICES	55	1,885	276,770.71	146.83	.020	5032.19	2.97		
NONINST BIRTHING CENTERS	2	2	1,500.00	750.00	.000	750.00	.02		
LOCAL EDUCATION AGENCIES	1,147	27,973	229,870.10	8.22	.300	200.41	2.47		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	3,125	262,182	208,801.48	.80	2.815	66.82	2.24		
@CALIF. CHILDREN SERVICES*	1,591	96,148	\$ 2,447,766.00	\$ 25.46	1.032	\$ 1538.51	\$ 26.28		
@XOVER EXCLUDING STATE HOSP**	10,902	123,505	\$ 1,888,604.29	\$ 15.29	1.326	\$ 173.23	\$ 20.28		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,373
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

71,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
------------------	-------	-------------------------------------	--------------	------------------------------	------------------------	------------------	----------------------

@TOTAL, ALL PROVIDERS	34,501	155,989	\$	9,417,242.78	\$	60.37	2.177	\$	272.96	\$	131.43
@PHYSICIANS SERVICES	10,244	22,325	\$	990,301.51	\$	44.36	.312	\$	96.67	\$	13.82
OUTPATIENT VISITS	7,642	9,931		355,916.68		35.84	.139		46.57		4.97
OFFICE VISITS	4,098	5,108		145,937.97		28.57	.071		35.61		2.04
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3,038	3,503		164,574.22		46.98	.049		54.17		2.30
PREVENTIVE CARE	122	123		4,946.33		40.21	.002		40.54		.07
OB VISITS/COMPRE PERI	172	451		22,410.91		49.69	.006		130.30		.31
OTHER OUTPATIENT	652	746		18,047.25		24.19	.010		27.68		.25
INPATIENT VISITS	423	1,315		104,973.13		79.83	.018		248.16		1.47
HOSPITAL VISITS	406	1,021		49,944.69		48.92	.014		123.02		.70
CRITICAL CARE	44	291		54,901.34		188.66	.004		1247.76		.77
SNF/ICF/TRANS IP CARE	2	3		127.10		42.37	.000		63.55		.00
OPHTHALMOLOGICAL SERVICES	119	148		6,797.87		45.93	.002		57.12		.09
EXAMINATIONS	117	147		6,735.83		45.82	.002		57.57		.09
SERVICES AND MATERIALS	2	1		62.04		62.04	.000		31.02		.00
INPATIENT HOSPITAL SURGERY	455	2,396		217,379.91		90.73	.033		477.76		3.03
PRINCIPAL SURGEON	292	341		171,239.15		502.17	.005		586.44		2.39
ASSISTANT SURGEON	29	29		5,621.11		193.83	.000		193.83		.08
ANESTHESIOLOGIST	204	2,026		40,519.65		20.00	.028		198.63		.57
OUTPATIENT SURGERY	786	1,988		107,932.45		54.29	.028		137.32		1.51
PRINCIPAL SURGEON	664	839		83,985.25		100.10	.012		126.48		1.17
ASSISTANT SURGEON	3	3		287.43		95.81	.000		95.81		.00
ANESTHESIOLOGIST	157	1,146		23,659.77		20.65	.016		150.70		.33
DIALYSIS	3	3		338.24		112.75	.000		112.75		.00
PATHOLOGY	902	1,723		23,614.20		13.71	.024		26.18		.33
RADIOLOGY	2,323	3,457		100,226.45		28.99	.048		43.15		1.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	136	249		26,953.88		108.25	.003		198.19		.38
OTHER SERVICES/ALL X-OVERS	613	1,115		46,168.70		41.41	.016		75.32		.64
@PHARMACY	14,100	40,032	\$	1,747,844.60	\$	43.66	.559	\$	123.96	\$	24.39
PRESCRIPTION DRUGS	14,002	31,822		1,711,578.96		53.79	.444		122.24		23.89
SNF/ICF	6	9		82.16		9.13	.000		13.69		.00
OUTPATIENTS	13,997	31,813		1,711,496.80		53.80	.444		122.28		23.89
MEDICAL SUPPLIES	457	8,210		36,265.64		4.42	.115		79.36		.51
@DENTIST	3,837	20,136	\$	586,488.33	\$	29.13	.281	\$	152.85	\$	8.19
VISITS - DIAGNOSTIC	2,894	13,282		194,802.93		14.67	.185		67.31		2.72
ORAL SURGERY	559	1,177		70,239.25		59.68	.016		125.65		.98
DRUGS	31	33		718.75		21.78	.000		23.19		.01
ANESTHESIA	27	27		2,900.00		107.41	.000		107.41		.04
PERIODONTICS	26	27		2,751.00		101.89	.000		105.81		.04
ENDODONTICS	327	651		62,264.89		95.64	.009		190.41		.87
RESTORATIVE DENTISTRY	1,388	4,439		221,960.10		50.00	.062		159.91		3.10
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	37	101		13,871.66		137.34	.001		374.91		.19
SPACE MAINTAINERS	32	39		4,576.00		117.33	.001		143.00		.06
MAXILLOFACIAL SERVICES	8	12		700.00		58.33	.000		87.50		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	176	217		11,103.75		51.17	.003		63.09		.15
ALL OTHER SERVICES	96	131		600.00		4.58	.002		6.25		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,374
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

71,653 ELIGIBLES

USERS
UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS
PER ELIG
COST PER
USER
COST PER
ELIGIBLE

@OPTOMETRIST	840	2,473	\$	54,942.39	\$	22.22	.035	\$	65.41	\$	.77
DIAGNOSTIC AND ANC. PROCED	606	635		27,552.59		43.39	.009		45.47		.38
EYE APPLIANCES	629	1,815		26,386.58		14.54	.025		41.95		.37
OTHER OPTOMETRIC SERVICES	23	23		1,003.22		43.62	.000		43.62		.01
@CHIROPRACTOR	63	129	\$	2,156.88	\$	16.72	.002	\$	34.24	\$	.03
VISITS	63	129		2,156.88		16.72	.002		34.24		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	29	45	\$	1,277.71	\$	28.39	.001	\$	44.06	\$	.02
MEDICINE/INJECTIONS	27	33		1,046.71		31.72	.000		38.77		.01
SURGERY/ANES.	5	7		137.58		19.65	.000		27.52		.00
RADIO./PATHOLOGY	3	5		93.42		18.68	.000		31.14		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	138	321	\$	20,144.05	\$	62.75	.004	\$	145.97	\$	.28
NURSE ANESTHESIST	1	14	\$	259.41	\$	18.53	.000	\$	259.41	\$	.00
NURSE MIDWIFE	161	1,250	\$	30,457.22	\$	24.37	.017	\$	189.18	\$	.43
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	12	16	\$	384.00	\$	24.00	.000	\$	32.00	\$	.01
@TOTAL HOSPITAL	8,699	31,854	\$	3,950,291.47	\$	124.01	.445	\$	454.11	\$	55.13
HOSP INPATIENT TOTAL	426	1,708		3,062,612.81		1793.10	.024		7189.23		42.74
HSC HOSPITALS	50	274		469,123.16		1712.13	.004		9382.46		6.55
NON-HSC HOSPITAL TOTAL	382	1,434		2,593,489.65		1808.57	.020		6789.24		36.20
ACCOMMODATIONS	380	1,434		912,991.01		636.67	.020		2402.61		12.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	380	1,434		912,991.01		636.67	.020		2402.61		12.74
ANCILLARIES	382	0		1,680,498.64		.00	.000		4399.21		23.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,454	30,146		887,678.66		29.45	.421		105.00		12.39
MEDICAL	3,311	4,475		162,996.66		36.42	.062		49.23		2.27
SURGERY	809	970		40,728.88		41.99	.014		50.34		.57
PATHOLOGY	2,198	7,806		93,144.94		11.93	.109		42.38		1.30
RADIOLOGY	1,838	2,418		156,299.41		64.64	.034		85.04		2.18
ROOM USE	6,267	8,157		305,262.81		37.42	.114		48.71		4.26
CROSSOVERS/ALL OTH OUTPTNT	2,642	6,320		129,245.96		20.45	.088		48.92		1.80
@COUNTY HOSPITAL TOTAL	19	74	\$	5,175.86	\$	69.94	.001	\$	272.41	\$	.07
CO HOSPITAL INPATIENT TOTAL	1	2		2,200.02		1100.01	.000		2200.02		.03
HSC HOSPITALS	1	2		2,200.02		1100.01	.000		2200.02		.03
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	19	72		2,975.84		41.33	.001		156.62		.04
MEDICAL	7	8		382.17		47.77	.000		54.60		.01
SURGERY	5	8		242.40		30.30	.000		48.48		.00
PATHOLOGY	3	18		397.51		22.08	.000		132.50		.01
RADIOLOGY	1	1		24.24		24.24	.000		24.24		.00
ROOM USE	14	19		933.76		49.15	.000		66.70		.01
CROSSOVERS/ALL OTH OUTPTNT	8	18		995.76		55.32	.000		124.47		.01

71,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,685	31,780	\$ 3,945,115.61	\$ 124.14	.444	\$ 454.24	\$ 55.06
COMM HOSP INPATIENT TOTAL	425	1,706	3,060,412.79	1793.91	.024	7200.97	42.71
HSC HOSPITALS	49	272	466,923.14	1716.63	.004	9529.04	6.52
NON-HSC HOSPITALS TOTAL	382	1,434	2,593,489.65	1808.57	.020	6789.24	36.20
ACCOMMODATIONS	380	1,434	912,991.01	636.67	.020	2402.61	12.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	380	1,434	912,991.01	636.67	.020	2402.61	12.74
ANCILLARIES	382	0	1,680,498.64	.00	.000	4399.21	23.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,440	30,074	884,702.82	29.42	.420	104.82	12.35
MEDICAL	3,304	4,467	162,614.49	36.40	.062	49.22	2.27
SURGERY	804	962	40,486.48	42.09	.013	50.36	.57
PATHOLOGY	2,195	7,788	92,747.43	11.91	.109	42.25	1.29
RADIOLOGY	1,837	2,417	156,275.17	64.66	.034	85.07	2.18
ROOM USE	6,256	8,138	304,329.05	37.40	.114	48.65	4.25
CROSSOVERS/ALL OTH OUTPTNT	2,634	6,302	128,250.20	20.35	.088	48.69	1.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	387	\$ 7,305.03	\$ 18.88	.005	\$ 3652.52	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	387	7,305.03	18.88	.005	3652.52	.10
@REHABILITATION FACILITY	23	227	\$ 3,462.22	\$ 15.25	.003	\$ 150.53	\$.05
HOSPITAL BASED	5	17	664.87	39.11	.000	132.97	.01
INDEPENDENT FACILITY	18	210	2,797.35	13.32	.003	155.41	.04
@LABORATORY FACILITY	2,085	5,820	\$ 87,100.93	\$ 14.97	.081	\$ 41.78	\$ 1.22
PATHOLOGY	2,085	5,820	87,100.93	14.97	.081	41.78	1.22
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8,241	13,961	\$ 1,675,917.12	\$ 120.04	.195	\$ 203.36	\$ 23.39
CLINIC	762	2,236	67,278.83	30.09	.031	88.29	.94
SURGICENTER	7	54	2,127.82	39.40	.001	303.97	.03
HEROIN DETOX CLINIC	9	96	1,191.83	12.41	.001	132.43	.02
RURAL HEALTH CLINIC	7,505	11,575	1,605,318.64	138.69	.162	213.90	22.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

PAGE 15,376
03/14/05

	71,653 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,943	16,999	\$	258,909.91	\$ 15.23	.237	\$ 87.97	\$ 3.61
DURABLE MED. EQUIP.	86	204		13,067.30	64.06	.003	151.95	.18
BLOOD BANK	2	4		612.00	153.00	.000	306.00	.01
HEARING AID DISPENSERS	2	2		1,971.98	985.99	.000	985.99	.03
MEDICAL TRANSPORTATION	311	2,978		68,052.60	22.85	.042	218.82	.95
AMBULANCES/AIR TRANS	305	2,905		50,290.92	17.31	.041	164.89	.70
OTHER TRANS	4	62		276.80	4.46	.001	69.20	.00
OTHER SERVICES	11	11		17,484.88	1589.53	.000	1589.53	.24
ACUPUNCTURE	12	38		662.31	17.43	.001	55.19	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	37	37		3,813.00	103.05	.001	103.05	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	650	1,406		12,310.27	8.76	.020	18.94	.17
PHYSICAL THERAPIST	9	43		809.54	18.83	.001	89.95	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	56		9,401.86	167.89	.001	447.71	.13
PROSTHETICS	21	56		9,401.86	167.89	.001	447.71	.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	12	65		3,561.38	54.79	.001	296.78	.05
SPEECH AND AUDIOLOGY	64	143		6,096.30	42.63	.002	95.25	.09
HOSPICE SERVICES	1	20		2,989.40	149.47	.000	2989.40	.04
NONINST BIRTHING CENTERS	5	5		4,776.72	955.34	.000	955.34	.07
LOCAL EDUCATION AGENCIES	1,660	11,798		124,193.50	10.53	.165	74.82	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	112	200		6,591.75	32.96	.003	58.85	.09
@CALIF. CHILDREN SERVICES*	329	8,318	\$	841,388.95	\$ 101.15	.116	\$ 2557.41	\$ 11.74
@XOVER EXCLUDING STATE HOSP**	10	18	\$	450.46	\$ 25.03	.000	\$ 45.05	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
186,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	126,381	2,200,051	\$ 108,736,420.75	\$ 49.42	11.824	\$ 860.39	\$ 584.41	
@PHYSICIANS SERVICES	31,993	131,904	\$ 3,984,498.23	\$ 30.21	.709	\$ 124.54	\$ 21.42	
OUTPATIENT VISITS	16,452	22,709	884,132.69	38.93	.122	53.74	4.75	
OFFICE VISITS	9,319	12,116	367,805.64	30.36	.065	39.47	1.98	
HOME VISITS	120	155	8,688.50	56.05	.001	72.40	.05	
EMERGENCY ROOM	6,402	8,271	439,157.85	53.10	.044	68.60	2.36	
PREVENTIVE CARE	137	138	5,563.02	40.31	.001	40.61	.03	
OB VISITS/COMPRE PERI	190	483	24,607.93	50.95	.003	129.52	.13	
OTHER OUTPATIENT	1,344	1,546	38,309.75	24.78	.008	28.50	.21	
INPATIENT VISITS	1,938	7,996	436,118.73	54.54	.043	225.04	2.34	
HOSPITAL VISITS	1,546	6,505	295,582.21	45.44	.035	191.19	1.59	
CRITICAL CARE	212	844	120,150.37	142.36	.005	566.75	.65	
SNF/ICF/TRANS IP CARE	355	647	20,386.15	31.51	.003	57.43	.11	
OPHTHALMOLOGICAL SERVICES	678	871	36,617.87	42.04	.005	54.01	.20	
EXAMINATIONS	675	869	36,488.69	41.99	.005	54.06	.20	
SERVICES AND MATERIALS	3	2	129.18	64.59	.000	43.06	.00	
INPATIENT HOSPITAL SURGERY	1,021	5,935	506,002.98	85.26	.032	495.60	2.72	
PRINCIPAL SURGEON	690	922	387,753.51	420.56	.005	561.96	2.08	
ASSISTANT SURGEON	66	66	13,541.61	205.18	.000	205.18	.07	
ANESTHESIOLOGIST	433	4,947	104,707.86	21.17	.027	241.82	.56	
OUTPATIENT SURGERY	2,249	6,150	406,451.41	66.09	.033	180.73	2.18	
PRINCIPAL SURGEON	1,843	2,404	325,344.85	135.33	.013	176.53	1.75	
ASSISTANT SURGEON	14	14	1,526.33	109.02	.000	109.02	.01	
ANESTHESIOLOGIST	522	3,732	79,580.23	21.32	.020	152.45	.43	
DIALYSIS	157	208	35,512.42	170.73	.001	226.19	.19	
PATHOLOGY	2,182	5,154	77,959.76	15.13	.028	35.73	.42	
RADIOLOGY	6,888	12,122	510,396.78	42.10	.065	74.10	2.74	
PSYCHIATRY	6	7	205.28	29.33	.000	34.21	.00	
IMMUNIZATION AND INJECTION	599	6,216	351,153.26	56.49	.033	586.23	1.89	
OTHER SERVICES/ALL X-OVERS	10,513	64,536	739,947.05	11.47	.347	70.38	3.98	
@PHARMACY	86,508	1,161,828	\$ 33,081,638.68	\$ 28.47	6.244	\$ 382.41	\$ 177.80	
PRESCRIPTION DRUGS	85,267	346,476	32,269,632.46	93.14	1.862	378.45	173.44	
SNF/ICF	1,852	13,636	1,279,302.03	93.82	.073	690.77	6.88	
OUTPATIENTS	83,562	332,840	30,990,330.43	93.11	1.789	370.87	166.56	
MEDICAL SUPPLIES	7,170	815,352	812,006.22	1.00	4.382	113.25	4.36	
@DENTIST	8,789	40,628	\$ 1,338,631.18	\$ 32.95	.218	\$ 152.31	\$ 7.19	
VISITS - DIAGNOSTIC	6,404	26,151	366,812.69	14.03	.141	57.28	1.97	
ORAL SURGERY	1,345	3,511	204,519.75	58.25	.019	152.06	1.10	
DRUGS	40	43	818.75	19.04	.000	20.47	.00	
ANESTHESIA	50	50	4,800.00	96.00	.000	96.00	.03	
PERIODONTICS	228	261	27,271.50	104.49	.001	119.61	.15	
ENDODONTICS	496	895	109,525.14	122.37	.005	220.82	.59	
RESTORATIVE DENTISTRY	2,642	7,589	399,405.85	52.63	.041	151.18	2.15	
PROSTHETICS	41	46	1,060.00	23.04	.000	25.85	.01	
DENTURES, STAYPLATES	547	1,485	202,706.03	136.50	.008	370.58	1.09	
SPACE MAINTAINERS	34	41	4,816.00	117.46	.000	141.65	.03	
MAXILLOFACIAL SERVICES	19	27	2,245.47	83.17	.000	118.18	.01	
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	217	286	13,903.75	48.61	.002	64.07	.07	
ALL OTHER SERVICES	193	242	746.25	3.08	.001	3.87	.00	

186,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,152	9,433	\$ 193,782.05	\$ 20.54	.051	\$ 61.48	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	1,401	1,492	63,787.97	42.75	.008	45.53	.34
EYE APPLIANCES	2,547	7,613	120,221.83	15.79	.041	47.20	.65
OTHER OPTOMETRIC SERVICES	218	328	9,772.25	29.79	.002	44.83	.05
@CHIROPRACTOR	270	661	\$ 10,827.23	\$ 16.38	.004	\$ 40.10	\$.06
VISITS	250	628	10,395.83	16.55	.003	41.58	.06
OTHER SERVICES	20	33	431.40	13.07	.000	21.57	.00
@PODIATRIST	1,433	2,785	\$ 32,353.58	\$ 11.62	.015	\$ 22.58	\$.17
MEDICINE/INJECTIONS	289	362	9,558.24	26.40	.002	33.07	.05
SURGERY/ANES.	18	22	1,412.56	64.21	.000	78.48	.01
RADIO./PATHOLOGY	6	8	159.16	19.90	.000	26.53	.00
OTHER	1,134	2,393	21,223.62	8.87	.013	18.72	.11
@HOME HEALTH AGENCY	536	14,278	\$ 489,801.95	\$ 34.30	.077	\$ 913.81	\$ 2.63
NURSE ANESTHESIST	4	21	\$ 494.24	\$ 23.54	.000	\$ 123.56	\$.00
NURSE MIDWIFE	226	1,657	\$ 37,894.54	\$ 22.87	.009	\$ 167.67	\$.20
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	24	30	\$ 834.60	\$ 27.82	.000	\$ 34.78	\$.00
@TOTAL HOSPITAL	27,783	126,840	\$ 19,339,067.79	\$ 152.47	.682	\$ 696.08	\$ 103.94
HOSP INPATIENT TOTAL	2,094	7,827	15,971,371.85	2040.55	.042	7627.21	85.84
HSC HOSPITALS	249	1,635	2,517,065.41	1539.49	.009	10108.70	13.53
NON-HSC HOSPITAL TOTAL	1,164	6,192	12,751,630.86	2059.37	.033	10955.01	68.53
ACCOMMODATIONS	1,160	6,192	3,834,182.78	619.22	.033	3305.33	20.61
ADMINISTRATIVE DAYS	16	228	46,468.41	203.81	.001	2904.28	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,148	5,964	3,787,714.37	635.10	.032	3299.40	20.36
ANCILLARIES	1,164	0	8,917,448.08	.00	.000	7661.04	47.93
INPATIENT CROSSOVERS	718	0	702,675.58	.00	.000	978.66	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26,573	119,013	3,367,695.94	28.30	.640	126.73	18.10
MEDICAL	9,759	14,928	547,470.45	36.67	.080	56.10	2.94
SURGERY	2,157	2,502	116,096.96	46.40	.013	53.82	.62
PATHOLOGY	7,346	31,119	383,579.44	12.33	.167	52.22	2.06
RADIOLOGY	5,236	7,550	611,342.89	80.97	.041	116.76	3.29
ROOM USE	14,565	20,452	770,911.44	37.69	.110	52.93	4.14
CROSSOVERS/ALL OTH OUTPTNT	11,306	42,462	938,294.76	22.10	.228	82.99	5.04
@COUNTY HOSPITAL TOTAL	82	315	\$ 47,621.48	\$ 151.18	.002	\$ 580.75	\$.26
CO HOSPITAL INPATIENT TOTAL	12	37	38,470.20	1039.74	.000	3205.85	.21
HSC HOSPITALS	12	29	34,248.02	1180.97	.000	2854.00	.18
NON-HSC HOSPITALS TOTAL	1	8	4,222.18	527.77	.000	4222.18	.02
ACCOMMODATIONS	1	8	1,850.40	231.30	.000	1850.40	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	8	1,850.40	231.30	.000	1850.40	.01
ANCILLARIES	1	0	2,371.78	.00	.000	2371.78	.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	73	278	9,151.28	32.92	.001	125.36	.05
MEDICAL	24	32	1,084.44	33.89	.000	45.19	.01
SURGERY	12	15	854.87	56.99	.000	71.24	.00
PATHOLOGY	17	89	2,161.87	24.29	.000	127.17	.01

RADIOLOGY	7	7	362.21	51.74	.000	51.74	.00
ROOM USE	50	74	3,030.79	40.96	.000	60.62	.02
CROSSOVERS/ALL OTH OUTPTNT	32	61	1,657.10	27.17	.000	51.78	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,379

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
186,061 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	27,726	126,525	\$ 19,291,446.31	\$ 152.47	.680	\$ 695.79	\$ 103.68
COMM HOSP INPATIENT TOTAL	2,082	7,790	15,932,901.65	2045.30	.042	7652.69	85.63
HSC HOSPITALS	237	1,606	2,482,817.39	1545.96	.009	10476.02	13.34
NON-HSC HOSPITALS TOTAL	1,163	6,184	12,747,408.68	2061.35	.033	10960.80	68.51
ACCOMMODATIONS	1,159	6,184	3,832,332.38	619.72	.033	3306.59	20.60
ADMINISTRATIVE DAYS	16	228	46,468.41	203.81	.001	2904.28	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,147	5,956	3,785,863.97	635.64	.032	3300.67	20.35
ANCILLARIES	1,163	0	8,915,076.30	.00	.000	7665.59	47.91
INPATIENT CROSSOVERS	718	0	702,675.58	.00	.000	978.66	3.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26,521	118,735	3,358,544.66	28.29	.638	126.64	18.05
MEDICAL	9,739	14,896	546,386.01	36.68	.080	56.10	2.94
SURGERY	2,145	2,487	115,242.09	46.34	.013	53.73	.62
PATHOLOGY	7,335	31,030	381,417.57	12.29	.167	52.00	2.05
RADIOLOGY	5,231	7,543	610,980.68	81.00	.041	116.80	3.28
ROOM USE	14,531	20,378	767,880.65	37.68	.110	52.84	4.13
CROSSOVERS/ALL OTH OUTPTNT	11,278	42,401	936,637.66	22.09	.228	83.05	5.03
@STATE HOSPITAL	1,965	61,014	\$ 33,072,128.38	\$ 542.04	.328	\$ 16830.60	\$ 177.75
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	1,965	61,014	33,072,128.38	542.04	.328	16830.60	177.75
@NURSING FACILITY	1,159	30,133	\$ 4,838,744.62	\$ 160.58	.162	\$ 4174.93	\$ 26.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	236	8,201	1,161,341.62	141.61	.044	4920.94	6.24
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	529	300,046.27	567.20	.003	18752.89	1.61
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	907	21,403	3,377,356.73	157.80	.115	3723.66	18.15
@INTERMEDIATE CARE FACIL.-DD	455	14,109	\$ 2,974,633.39	\$ 210.83	.076	\$ 6537.66	\$ 15.99
ICF DDH	230	7,337	1,242,326.41	169.32	.039	5401.42	6.68
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	225	6,772	1,732,306.98	255.80	.036	7699.14	9.31
@HEMODIALYSIS TOTAL	727	18,761	\$ 944,846.31	\$ 50.36	.101	\$ 1299.65	\$ 5.08
HOSPITAL BASED	7	156	63,539.66	407.31	.001	9077.09	.34
HEMODIALYSIS CENTER	720	18,605	881,306.65	47.37	.100	1224.04	4.74
@REHABILITATION FACILITY	452	5,521	\$ 85,782.91	\$ 15.54	.030	\$ 189.79	\$.46
HOSPITAL BASED	66	525	11,691.03	22.27	.003	177.14	.06
INDEPENDENT FACILITY	386	4,996	74,091.88	14.83	.027	191.95	.40
@LABORATORY FACILITY	6,568	24,073	\$ 346,142.40	\$ 14.38	.129	\$ 52.70	\$ 1.86
PATHOLOGY	6,525	23,935	344,996.76	14.41	.129	52.87	1.85
XO AND OTHERS	43	138	1,145.64	8.30	.001	26.64	.01
@ORGANIZED OUTPATIENT CLINIC	21,949	40,983	\$ 4,101,410.96	\$ 100.08	.220	\$ 186.86	\$ 22.04
CLINIC	1,203	3,566	103,828.57	29.12	.019	86.31	.56
SURGICENTER	185	496	44,685.13	90.09	.003	241.54	.24
HEROIN DETOX CLINIC	53	727	8,834.42	12.15	.004	166.69	.05
RURAL HEALTH CLINIC	20,613	36,194	3,944,062.84	108.97	.195	191.34	21.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,380

MOP024
SONOMA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

186,061 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16,011	515,392	\$ 3,862,907.71	\$ 7.50	2.770	\$ 241.27	\$ 20.76
DURABLE MED. EQUIP.	1,491	5,600	941,890.92	168.19	.030	631.72	5.06
BLOOD BANK	17	23	3,480.75	151.34	.000	204.75	.02
HEARING AID DISPENSERS	139	220	36,021.79	163.74	.001	259.15	.19
MEDICAL TRANSPORTATION	2,438	121,458	614,234.06	5.06	.653	251.94	3.30
AMBULANCES/AIR TRANS	1,575	12,476	242,711.67	19.45	.067	154.10	1.30
OTHER TRANS	757	108,751	343,418.55	3.16	.584	453.66	1.85
OTHER SERVICES	137	231	28,103.84	121.66	.001	205.14	.15
ACUPUNCTURE	190	508	8,691.80	17.11	.003	45.75	.05
ADULT DAY HEALTH CARE CTR	182	2,111	146,525.85	69.41	.011	805.09	.79
GENETIC DISEASE TESTING	53	53	5,493.00	103.64	.000	103.64	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	1,156	14,765	684,757.85	46.38	.079	592.35	3.68
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,843	6,480	70,956.08	10.95	.035	24.96	.38
PHYSICAL THERAPIST	81	387	5,236.35	13.53	.002	64.65	.03
PORTABLE X-RAY	58	110	1,435.75	13.05	.001	24.75	.01
PROSTHETIST/ORTHOTISTS	221	878	136,997.80	156.03	.005	619.90	.74
PROSTHETICS	221	878	136,997.80	156.03	.005	619.90	.74
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	192	627	17,255.49	27.52	.003	89.87	.09
SPEECH AND AUDIOLOGY	1,061	3,263	160,458.62	49.18	.018	151.23	.86
HOSPICE SERVICES	90	2,717	389,818.88	143.47	.015	4331.32	2.10
NONINST BIRTHING CENTERS	7	7	6,276.72	896.67	.000	896.67	.03
LOCAL EDUCATION AGENCIES	2,862	40,717	364,743.03	8.96	.219	127.44	1.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	4,411	315,468	268,632.97	.85	1.696	60.90	1.44
@CALIF. CHILDREN SERVICES*	2,020	110,004	\$ 3,492,752.84	\$ 31.75	.591	\$ 1729.09	\$ 18.77
@XOVER EXCLUDING STATE HOSP**	15,827	154,726	\$ 2,666,367.59	\$ 17.23	.832	\$ 168.47	\$ 14.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,381

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	11,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,899	22,366	\$	2,009,999.06	\$ 89.87	1.903	\$ 340.74	\$ 171.02
@PHYSICIANS SERVICES	1,772	3,603	\$	198,297.78	\$ 55.04	.307	\$ 111.91	\$ 16.87
OUTPATIENT VISITS	1,496	2,008		65,674.90	32.71	.171	43.90	5.59
OFFICE VISITS	855	1,181		31,737.49	26.87	.100	37.12	2.70
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	557	645		28,043.58	43.48	.055	50.35	2.39
PREVENTIVE CARE	107	108		3,762.58	34.84	.009	35.16	.32
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	61	74		2,131.25	28.80	.006	34.94	.18
INPATIENT VISITS	109	640		69,677.90	108.87	.054	639.25	5.93
HOSPITAL VISITS	97	304		16,163.40	53.17	.026	166.63	1.38
CRITICAL CARE	25	336		53,514.50	159.27	.029	2140.58	4.55
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	17		983.32	57.84	.001	89.39	.08
EXAMINATIONS	11	17		983.32	57.84	.001	89.39	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	263		32,207.33	122.46	.022	1038.95	2.74
PRINCIPAL SURGEON	26	52		24,617.39	473.41	.004	946.82	2.09
ASSISTANT SURGEON	1	1		451.45	451.45	.000	451.45	.04
ANESTHESIOLOGIST	13	210		7,138.49	33.99	.018	549.11	.61
OUTPATIENT SURGERY	58	125		7,063.00	56.50	.011	121.78	.60
PRINCIPAL SURGEON	46	50		4,775.24	95.50	.004	103.81	.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	75		2,287.76	30.50	.006	163.41	.19
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	49	79		763.44	9.66	.007	15.58	.06
RADIOLOGY	218	294		6,555.51	22.30	.025	30.07	.56
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	47		8,494.61	180.74	.004	339.78	.72
OTHER SERVICES/ALL X-OVERS	108	130		6,877.77	52.91	.011	63.68	.59
@PHARMACY	1,946	3,343	\$	68,646.61	\$ 20.53	.284	\$ 35.28	\$ 5.84
PRESCRIPTION DRUGS	1,940	3,296		67,982.82	20.63	.280	35.04	5.78
SNF/ICF	2	2		36.78	18.39	.000	18.39	.00
OUTPATIENTS	1,938	3,294		67,946.04	20.63	.280	35.06	5.78
MEDICAL SUPPLIES	31	47		663.79	14.12	.004	21.41	.06
@DENTIST	5	9	\$	400.00	\$ 44.44	.001	\$ 80.00	\$.03
VISITS - DIAGNOSTIC	3	6		145.00	24.17	.001	48.33	.01
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		55.00	55.00	.000	55.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	200.00	100.00	.000	100.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,382
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

11,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	33	\$ 2,216.19	\$ 67.16	.003	\$ 221.62	\$.19
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	11	16	\$ 709.35	\$ 44.33	.001	\$ 64.49	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$ 86.62	\$ 43.31	.000	\$ 86.62	\$.01
@TOTAL HOSPITAL	1,405	4,046	\$ 1,228,014.50	\$ 303.51	.344	\$ 874.03	\$ 104.49
HOSP INPATIENT TOTAL	63	648	1,128,031.23	1740.79	.055	17905.26	95.98
HSC HOSPITALS	18	342	583,314.00	1705.60	.029	32406.33	49.63
NON-HSC HOSPITAL TOTAL	46	306	544,717.23	1780.12	.026	11841.68	46.35
ACCOMMODATIONS	46	306	352,879.35	1153.20	.026	7671.29	30.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	306	352,879.35	1153.20	.026	7671.29	30.02
ANCILLARIES	46	0	191,837.88	.00	.000	4170.39	16.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,358	3,398	99,983.27	29.42	.289	73.63	8.51
MEDICAL	585	811	27,893.62	34.39	.069	47.68	2.37
SURGERY	60	72	2,446.07	33.97	.006	40.77	.21
PATHOLOGY	208	621	6,531.17	10.52	.053	31.40	.56
RADIOLOGY	209	237	13,622.45	57.48	.020	65.18	1.16
ROOM USE	991	1,185	41,930.33	35.38	.101	42.31	3.57
CROSSOVERS/ALL OTH OUTPTNT	353	472	7,559.63	16.02	.040	21.42	.64
@COUNTY HOSPITAL TOTAL	5	17	\$ 457.12	\$ 26.89	.001	\$ 91.42	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	17	457.12	26.89	.001	91.42	.04
MEDICAL	3	3	153.55	51.18	.000	51.18	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	7	72.99	10.43	.001	72.99	.01
RADIOLOGY	1	1	27.01	27.01	.000	27.01	.00
ROOM USE	4	4	145.03	36.26	.000	36.26	.01
CROSSOVERS/ALL OTH OUTPTNT	2	2	58.54	29.27	.000	29.27	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,383
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

11,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,400	4,029	\$ 1,227,557.38	\$ 304.68	.343	\$ 876.83	\$ 104.45
COMM HOSP INPATIENT TOTAL	63	648	1,128,031.23	1740.79	.055	17905.26	95.98
HSC HOSPITALS	18	342	583,314.00	1705.60	.029	32406.33	49.63
NON-HSC HOSPITALS TOTAL	46	306	544,717.23	1780.12	.026	11841.68	46.35
ACCOMMODATIONS	46	306	352,879.35	1153.20	.026	7671.29	30.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	306	352,879.35	1153.20	.026	7671.29	30.02
ANCILLARIES	46	0	191,837.88	.00	.000	4170.39	16.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,353	3,381	99,526.15	29.44	.288	73.56	8.47
MEDICAL	582	808	27,740.07	34.33	.069	47.66	2.36
SURGERY	60	72	2,446.07	33.97	.006	40.77	.21
PATHOLOGY	207	614	6,458.18	10.52	.052	31.20	.55
RADIOLOGY	208	236	13,595.44	57.61	.020	65.36	1.16
ROOM USE	987	1,181	41,785.30	35.38	.100	42.34	3.56
CROSSOVERS/ALL OTH OUTPTNT	351	470	7,501.09	15.96	.040	21.37	.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	7	101	\$ 1,855.99	\$ 18.38	.009	\$ 265.14	\$.16
HOSPITAL BASED	1	4	378.23	94.56	.000	378.23	.03
INDEPENDENT FACILITY	6	97	1,477.76	15.23	.008	246.29	.13
@LABORATORY FACILITY	152	267	\$ 2,733.46	\$ 10.24	.023	\$ 17.98	\$.23
PATHOLOGY	152	267	2,733.46	10.24	.023	17.98	.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3,073	4,566	\$	480,166.91	\$	105.16	.388	\$	156.25	\$	40.85
CLINIC	81	167		3,398.28		20.35	.014		41.95		.29
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,994	4,399		476,768.63		108.38	.374		159.24		40.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,384
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	11,753 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	84	6,380	\$	26,871.65	\$ 4.21	.543	\$ 319.90	\$ 2.29
DURABLE MED. EQUIP.	29	29		3,127.08	107.83	.002	107.83	.27
BLOOD BANK	5	3,080		9,240.00	3.00	.262	1848.00	.79
HEARING AID DISPENSERS	1	1		2,676.65	2676.65	.000	2676.65	.23
MEDICAL TRANSPORTATION	33	3,239		10,016.34	3.09	.276	303.53	.85
AMBULANCES/AIR TRANS	27	440		4,627.88	10.52	.037	171.40	.39
OTHER TRANS	6	2,799		5,388.46	1.93	.238	898.08	.46
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	30		1,800.68	60.02	.003	112.54	.15
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		10.90	10.90	.000	10.90	.00
@CALIF. CHILDREN SERVICES*	153	6,471	\$	1,009,204.26	\$ 155.96	.551	\$ 6596.11	\$ 85.87
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,385
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	12,771 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,950	67,075	\$	8,564,844.76	\$ 127.69	5.252	\$ 860.79	\$ 670.65
@PHYSICIANS SERVICES	4,119	12,902	\$	905,309.16	\$ 70.17	1.010	\$ 219.79	\$ 70.89
OUTPATIENT VISITS	962	1,779		88,198.21	49.58	.139	91.68	6.91
OFFICE VISITS	213	255		9,328.52	36.58	.020	43.80	.73
HOME VISITS	1	1		56.30	56.30	.000	56.30	.00
EMERGENCY ROOM	341	391		22,492.82	57.53	.031	65.96	1.76

PREVENTIVE CARE	4	5	184.09	36.82	.000	46.02	.01
OB VISITS/COMPRE PERI	435	1,123	55,995.76	49.86	.088	128.73	4.38
OTHER OUTPATIENT	4	4	140.72	35.18	.000	35.18	.01
INPATIENT VISITS	893	1,995	120,088.72	60.19	.156	134.48	9.40
HOSPITAL VISITS	878	1,630	73,606.63	45.16	.128	83.83	5.76
CRITICAL CARE	59	365	46,482.09	127.35	.029	787.83	3.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,150	5,092	552,612.76	108.53	.399	480.53	43.27
PRINCIPAL SURGEON	771	804	451,516.59	561.59	.063	585.62	35.35
ASSISTANT SURGEON	116	114	20,448.78	179.38	.009	176.28	1.60
ANESTHESIOLOGIST	440	4,174	80,647.39	19.32	.327	183.29	6.31
OUTPATIENT SURGERY	194	463	22,099.95	47.73	.036	113.92	1.73
PRINCIPAL SURGEON	162	261	17,412.05	66.71	.020	107.48	1.36
ASSISTANT SURGEON	1	1	58.53	58.53	.000	58.53	.00
ANESTHESIOLOGIST	40	201	4,629.37	23.03	.016	115.73	.36
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	415	633	14,874.43	23.50	.050	35.84	1.16
RADIOLOGY	1,663	2,177	66,829.83	30.70	.170	40.19	5.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	15	917.82	61.19	.001	65.56	.07
OTHER SERVICES/ALL X-OVERS	497	748	39,687.44	53.06	.059	79.85	3.11
@PHARMACY	2,397	5,421	\$ 156,339.82	\$ 28.84	.424	\$ 65.22	\$ 12.24
PRESCRIPTION DRUGS	2,289	4,366	105,087.44	24.07	.342	45.91	8.23
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,289	4,366	105,087.44	24.07	.342	45.91	8.23
MEDICAL SUPPLIES	306	1,055	51,252.38	48.58	.083	167.49	4.01
@DENTIST	74	138	\$ 1,208.25	\$ 8.76	.011	\$ 16.33	\$.09
VISITS - DIAGNOSTIC	56	98	721.25	7.36	.008	12.88	.06
ORAL SURGERY	6	6	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	103.00	25.75	.000	25.75	.01
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	13	384.00	29.54	.001	76.80	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	16	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,386
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

12,771 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	386	558	\$ 29,336.94	\$ 52.58	.044	\$ 76.00	\$ 2.30
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	740	7,108	\$ 189,229.80	\$ 26.62	.557	\$ 255.72	\$ 14.82
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,880	20,374	\$ 5,909,458.26	\$ 290.05	1.595	\$ 1523.06	\$ 462.72
HOSP INPATIENT TOTAL	1,052	4,200	5,486,963.69	1306.42	.329	5215.74	429.64
HSC HOSPITALS	33	209	354,131.22	1694.41	.016	10731.25	27.73
NON-HSC HOSPITAL TOTAL	1,020	3,991	5,131,116.47	1285.67	.313	5030.51	401.78
ACCOMMODATIONS	1,020	3,991	2,294,730.16	574.98	.313	2249.74	179.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,991	2,294,730.16	574.98	.313	2249.74	179.68
ANCILLARIES	1,019	0	2,836,386.31	.00	.000	2783.50	222.10
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,305	16,174	422,494.57	26.12	1.266	127.83	33.08
MEDICAL	289	384	16,167.28	42.10	.030	55.94	1.27
SURGERY	462	723	20,160.47	27.88	.057	43.64	1.58
PATHOLOGY	1,639	5,521	65,593.77	11.88	.432	40.02	5.14
RADIOLOGY	1,278	1,457	93,879.45	64.43	.114	73.46	7.35
ROOM USE	1,301	2,316	82,258.48	35.52	.181	63.23	6.44
CROSSOVERS/ALL OTH OUTPTNT	1,315	5,773	144,435.12	25.02	.452	109.84	11.31
@COUNTY HOSPITAL TOTAL	9	84	\$ 6,384.00	\$ 76.00	.007	\$ 709.33	\$.50
CO HOSPITAL INPATIENT TOTAL	1	2	2,260.02	1130.01	.000	2260.02	.18
HSC HOSPITALS	1	2	2,260.02	1130.01	.000	2260.02	.18

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	82	4,123.98	50.29	.006	458.22	.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	12	271.70	22.64	.001	54.34	.02
PATHOLOGY	4	25	528.96	21.16	.002	132.24	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	17	1,071.67	63.04	.001	178.61	.08
CROSSOVERS/ALL OTH OUTPTNT	8	28	2,251.65	80.42	.002	281.46	.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,387
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	12,771 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,871	20,290	\$	5,903,074.26	\$ 290.94	1.589	\$ 1524.95	\$ 462.22
COMM HOSP INPATIENT TOTAL	1,051	4,198		5,484,703.67	1306.50	.329	5218.56	429.47
HSC HOSPITALS	32	207		351,871.20	1699.86	.016	10995.98	27.55
NON-HSC HOSPITALS TOTAL	1,020	3,991		5,131,116.47	1285.67	.313	5030.51	401.78
ACCOMMODATIONS	1,020	3,991		2,294,730.16	574.98	.313	2249.74	179.68
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,991		2,294,730.16	574.98	.313	2249.74	179.68
ANCILLARIES	1,019	0		2,836,386.31	.00	.000	2783.50	222.10
INPATIENT CROSSOVERS	2	0		1,716.00	.00	.000	858.00	.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,296	16,092		418,370.59	26.00	1.260	126.93	32.76
MEDICAL	289	384		16,167.28	42.10	.030	55.94	1.27
SURGERY	457	711		19,888.77	27.97	.056	43.52	1.56
PATHOLOGY	1,635	5,496		65,064.81	11.84	.430	39.79	5.09
RADIOLOGY	1,278	1,457		93,879.45	64.43	.114	73.46	7.35
ROOM USE	1,295	2,299		81,186.81	35.31	.180	62.69	6.36
CROSSOVERS/ALL OTH OUTPTNT	1,307	5,745		142,183.47	24.75	.450	108.79	11.13
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	30CR	\$	2,762.30CR	\$ 92.08	.002CR	.00	\$.22CR
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	30CR		2,762.30CR	92.08	.002CR	.00	.22CR
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,203	5,343	\$	76,947.80	\$	14.40	.418	\$	34.93	\$	6.03
PATHOLOGY	2,198	5,336		76,868.00		14.41	.418		34.97		6.02
XO AND OTHERS	7	7		79.80		11.40	.001		11.40		.01
@ORGANIZED OUTPATIENT CLINIC	4,200	12,643	\$	1,195,130.40	\$	94.53	.990	\$	284.55	\$	93.58
CLINIC	384	2,279		77,622.08		34.06	.178		202.14		6.08
SURGICENTER	1	7		272.68		38.95	.001		272.68		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,823	10,357		1,117,235.64		107.87	.811		292.24		87.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,388
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	12,771 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	530	2,618	\$	104,646.63	\$ 39.97	.205	\$ 197.45	\$ 8.19
DURABLE MED. EQUIP.	23	24		2,207.32	91.97	.002	95.97	.17
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	67	1,156		20,602.58	17.82	.091	307.50	1.61
AMBULANCES/AIR TRANS	67	1,152		13,927.58	12.09	.090	207.87	1.09
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		6,675.00	1668.75	.000	1668.75	.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	376	376		39,456.00	104.94	.029	104.94	3.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	18		1,611.40	89.52	.001	89.52	.13
PROSTHETICS	17	17		1,514.90	89.11	.001	89.11	.12
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	4		120.00	30.00	.000	30.00	.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	40	40		40,232.08	1005.80	.003	1005.80	3.15
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,000		417.25	.42	.078	104.31	.03
@CALIF. CHILDREN SERVICES*	32	2,028	\$	246,172.68	\$ 121.39	.159	\$ 7692.90	\$ 19.28
@XOVER EXCLUDING STATE HOSP**	4	3	\$	1,779.08	\$ 593.03	.000	\$ 444.77	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,389
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
--	---------------	-------	-------------------------------------	--------------	------------------------------	---	------------------	----------------------

@TOTAL, ALL PROVIDERS	122	529	\$	60,954.25	\$	115.23	3.648	\$	499.63	\$	420.37
@PHYSICIANS SERVICES	50	174	\$	10,004.59	\$	57.50	1.200	\$	200.09	\$	69.00
OUTPATIENT VISITS	24	28		1,463.18		52.26	.193		60.97		10.09
OFFICE VISITS	6	6		182.46		30.41	.041		30.41		1.26
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	12	13		868.77		66.83	.090		72.40		5.99
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	5	7		373.55		53.36	.048		74.71		2.58
OTHER OUTPATIENT	2	2		38.40		19.20	.014		19.20		.26
INPATIENT VISITS	3	11		522.23		47.48	.076		174.08		3.60
HOSPITAL VISITS	3	11		522.23		47.48	.076		174.08		3.60
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	79		5,579.02		70.62	.545		697.38		38.48
PRINCIPAL SURGEON	5	12		4,571.76		380.98	.083		914.35		31.53
ASSISTANT SURGEON	1	1		141.08		141.08	.007		141.08		.97
ANESTHESIOLOGIST	4	66		866.18		13.12	.455		216.55		5.97
OUTPATIENT SURGERY	6	14		831.95		59.43	.097		138.66		5.74
PRINCIPAL SURGEON	4	4		529.52		132.38	.028		132.38		3.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	10		302.43		30.24	.069		151.22		2.09
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	14		375.57		26.83	.097		31.30		2.59
RADIOLOGY	9	25		846.25		33.85	.172		94.03		5.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		386.39		128.80	.021		128.80		2.66
@PHARMACY	33	49	\$	1,867.15	\$	38.11	.338	\$	56.58	\$	12.88
PRESCRIPTION DRUGS	32	48		1,844.16		38.42	.331		57.63		12.72
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	32	48		1,844.16		38.42	.331		57.63		12.72
MEDICAL SUPPLIES	1	1		22.99		22.99	.007		22.99		.16
@DENTIST	1	2	\$	.00	\$	.00	.014	\$	.00	\$	.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.007		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.007		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

PAGE 15,390 03/14/05

145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
---------------	-------	-------------------------------------	--------------	------------------------------	------------------------	------------------	----------------------

----- MONTHLY AVERAGE -----

@OPTOMETRIST	1	1	\$	39.44	\$	39.44	.007	\$	39.44	\$	.27
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44	.007		39.44		.27
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	9	\$	629.01	\$	69.89	.062	\$	314.51	\$	4.34
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	8	\$	92.96	\$	11.62	.055	\$	30.99	\$	.64
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	42	160	\$	41,916.84	\$	261.98	1.103	\$	998.02	\$	289.08
HOSP INPATIENT TOTAL	4	12		38,185.82		3182.15	.083		9546.46		263.35
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	12		38,185.82		3182.15	.083		9546.46		263.35
ACCOMMODATIONS	4	12		6,806.36		567.20	.083		1701.59		46.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	12		6,806.36		567.20	.083		1701.59		46.94
ANCILLARIES	4	0		31,379.46		.00	.000		7844.87		216.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	38	148		3,731.02		25.21	1.021		98.18		25.73
MEDICAL	3	3		79.93		26.64	.021		26.64		.55
SURGERY	3	4		151.23		37.81	.028		50.41		1.04
PATHOLOGY	17	57		691.78		12.14	.393		40.69		4.77

RADIOLOGY	8	11	672.75	61.16	.076	84.09	4.64
ROOM USE	25	32	1,348.71	42.15	.221	53.95	9.30
CROSSOVERS/ALL OTH OUTPTNT	14	41	786.62	19.19	.283	56.19	5.42
@COUNTY HOSPITAL TOTAL	1	11	\$ 328.92	\$ 29.90	.076	\$ 328.92	\$ 2.27
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	328.92	29.90	.076	328.92	2.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.014	61.20	.42
PATHOLOGY	1	4	22.90	5.73	.028	22.90	.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	225.82	75.27	.021	225.82	1.56
CROSSOVERS/ALL OTH OUTPTNT	1	2	19.00	9.50	.014	19.00	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,391
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	149	\$ 41,587.92	\$ 279.11	1.028	\$ 1014.34	\$ 286.81
COMM HOSP INPATIENT TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
ACCOMMODATIONS	4	12	6,806.36	567.20	.083	1701.59	46.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	6,806.36	567.20	.083	1701.59	46.94
ANCILLARIES	4	0	31,379.46	.00	.000	7844.87	216.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	137	3,402.10	24.83	.945	91.95	23.46
MEDICAL	3	3	79.93	26.64	.021	26.64	.55
SURGERY	2	2	90.03	45.02	.014	45.02	.62
PATHOLOGY	16	53	668.88	12.62	.366	41.81	4.61
RADIOLOGY	8	11	672.75	61.16	.076	84.09	4.64
ROOM USE	24	29	1,122.89	38.72	.200	46.79	7.74
CROSSOVERS/ALL OTH OUTPTNT	13	39	767.62	19.68	.269	59.05	5.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	22	\$ 425.80	\$ 19.35	.152	\$ 35.48	\$ 2.94
PATHOLOGY	12	22	425.80	19.35	.152	35.48	2.94
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	55	\$ 2,938.95	\$ 53.44	.379	\$ 154.68	\$ 20.27
CLINIC	7	40	1,254.02	31.35	.276	179.15	8.65
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	15	1,684.93	112.33	.103	140.41	11.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

PAGE 15,392
03/14/05

145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	49	\$ 3,039.51	\$ 62.03	.338	\$ 759.88	\$ 20.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	47	2,751.58	58.54	.324	1375.79	18.98
AMBULANCES/AIR TRANS	2	46	951.58	20.69	.317	475.79	6.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	12.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.007	105.00	.72
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	182.93	182.93	.007	182.93	1.26
PROSTHETICS	1	1	182.93	182.93	.007	182.93	1.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

24,669 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,971	89,970	\$ 10,635,798.07	\$ 118.21	3.647	\$ 665.94	\$ 431.14	
@PHYSICIANS SERVICES	5,941	16,679	\$ 1,113,611.53	\$ 66.77	.676	\$ 187.45	\$ 45.14	
OUTPATIENT VISITS	2,482	3,815	155,336.29	40.72	.155	62.59	6.30	
OFFICE VISITS	1,074	1,442	41,248.47	28.61	.058	38.41	1.67	
HOME VISITS	1	1	56.30	56.30	.000	56.30	.00	
EMERGENCY ROOM	910	1,049	51,405.17	49.00	.043	56.49	2.08	
PREVENTIVE CARE	111	113	3,946.67	34.93	.005	35.56	.16	
OB VISITS/COMPRE PERI	440	1,130	56,369.31	49.88	.046	128.11	2.29	
OTHER OUTPATIENT	67	80	2,310.37	28.88	.003	34.48	.09	
INPATIENT VISITS	1,005	2,646	190,288.85	71.92	.107	189.34	7.71	
HOSPITAL VISITS	978	1,945	90,292.26	46.42	.079	92.32	3.66	
CRITICAL CARE	84	701	99,996.59	142.65	.028	1190.44	4.05	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	11	17	983.32	57.84	.001	89.39	.04	
EXAMINATIONS	11	17	983.32	57.84	.001	89.39	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,189	5,434	590,399.11	108.65	.220	496.55	23.93	
PRINCIPAL SURGEON	802	868	480,705.74	553.81	.035	599.38	19.49	
ASSISTANT SURGEON	118	116	21,041.31	181.39	.005	178.32	.85	
ANESTHESIOLOGIST	457	4,450	88,652.06	19.92	.180	193.99	3.59	
OUTPATIENT SURGERY	258	602	29,994.90	49.83	.024	116.26	1.22	
PRINCIPAL SURGEON	212	315	22,716.81	72.12	.013	107.15	.92	
ASSISTANT SURGEON	1	1	58.53	58.53	.000	58.53	.00	
ANESTHESIOLOGIST	56	286	7,219.56	25.24	.012	128.92	.29	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	476	726	16,013.44	22.06	.029	33.64	.65	
RADIOLOGY	1,890	2,496	74,231.59	29.74	.101	39.28	3.01	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	39	62	9,412.43	151.81	.003	241.34	.38	
OTHER SERVICES/ALL X-OVERS	608	881	46,951.60	53.29	.036	77.22	1.90	
@PHARMACY	4,376	8,813	\$ 226,853.58	\$ 25.74	.357	\$ 51.84	\$ 9.20	
PRESCRIPTION DRUGS	4,261	7,710	174,914.42	22.69	.313	41.05	7.09	
SNF/ICF	2	2	36.78	18.39	.000	18.39	.00	
OUTPATIENTS	4,259	7,708	174,877.64	22.69	.312	41.06	7.09	
MEDICAL SUPPLIES	338	1,103	51,939.16	47.09	.045	153.67	2.11	
@DENTIST	80	149	\$ 1,608.25	\$ 10.79	.006	\$ 20.10	\$.07	
VISITS - DIAGNOSTIC	60	105	866.25	8.25	.004	14.44	.04	
ORAL SURGERY	6	6	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	4	4	103.00	25.75	.000	25.75	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	7	15	439.00	29.27	.001	62.71	.02	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	2	2	200.00	100.00	.000	100.00	.01	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	16	16	.00	.00	.001	.00	.00	

24,669 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1			1	\$	39.44	\$ 39.44	.000	\$ 39.44	\$.00
DIAGNOSTIC AND ANC. PROCED	1			1		39.44	39.44	.000	39.44	.00
EYE APPLIANCES	0			0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0			0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0			0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0			0		.00	.00	.000	.00	.00
OTHER SERVICES	0			0		.00	.00	.000	.00	.00
@PODIATRIST	0			0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0			0		.00	.00	.000	.00	.00
SURGERY/ANES.	0			0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0			0		.00	.00	.000	.00	.00
OTHER	0			0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	398			600	\$	32,182.14	\$ 53.64	.024	\$ 80.86	\$ 1.30
NURSE ANESTHESIST	0			0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	754			7,132	\$	190,032.11	\$ 26.64	.289	\$ 252.03	\$ 7.70
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1			2	\$	86.62	\$ 43.31	.000	\$ 86.62	\$.00
@TOTAL HOSPITAL	5,327			24,580	\$	7,179,389.60	\$ 292.08	.996	\$ 1347.74	\$ 291.03
HOSP INPATIENT TOTAL	1,119			4,860		6,653,180.74	1368.97	.197	5945.65	269.70
HSC HOSPITALS	51			551		937,445.22	1701.35	.022	18381.28	38.00
NON-HSC HOSPITAL TOTAL	1,070			4,309		5,714,019.52	1326.07	.175	5340.21	231.63
ACCOMMODATIONS	1,070			4,309		2,654,415.87	616.02	.175	2480.76	107.60
ADMINISTRATIVE DAYS	0			0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,070			4,309		2,654,415.87	616.02	.175	2480.76	107.60
ANCILLARIES	1,069			0		3,059,603.65	.00	.000	2862.12	124.03
INPATIENT CROSSOVERS	2			0		1,716.00	.00	.000	858.00	.07
ALL OTHER INPATIENT	0			0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,701			19,720		526,208.86	26.68	.799	111.94	21.33
MEDICAL	877			1,198		44,140.83	36.85	.049	50.33	1.79
SURGERY	525			799		22,757.77	28.48	.032	43.35	.92
PATHOLOGY	1,864			6,199		72,816.72	11.75	.251	39.06	2.95
RADIOLOGY	1,495			1,705		108,174.65	63.45	.069	72.36	4.39
ROOM USE	2,317			3,533		125,537.52	35.53	.143	54.18	5.09
CROSSOVERS/ALL OTH OUTPTNT	1,682			6,286		152,781.37	24.31	.255	90.83	6.19
@COUNTY HOSPITAL TOTAL	15			112	\$	7,170.04	\$ 64.02	.005	\$ 478.00	\$.29
CO HOSPITAL INPATIENT TOTAL	1			2		2,260.02	1130.01	.000	2260.02	.09
HSC HOSPITALS	1			2		2,260.02	1130.01	.000	2260.02	.09
NON-HSC HOSPITALS TOTAL	0			0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000	.00	.00
ANCILLARIES	0			0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0			0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15			110		4,910.02	44.64	.004	327.33	.20
MEDICAL	3			3		153.55	51.18	.000	51.18	.01
SURGERY	6			14		332.90	23.78	.001	55.48	.01
PATHOLOGY	6			36		624.85	17.36	.001	104.14	.03

RADIOLOGY	1	1	27.01	27.01	.000	27.01	.00
ROOM USE	11	24	1,442.52	60.11	.001	131.14	.06
CROSSOVERS/ALL OTH OUTPTNT	11	32	2,329.19	72.79	.001	211.74	.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,395
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
24,669 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	5,312	24,468	\$ 7,172,219.56	\$ 293.13	.992	\$ 1350.19	\$ 290.74
COMM HOSP INPATIENT TOTAL	1,118	4,858	6,650,920.72	1369.07	.197	5948.95	269.61
HSC HOSPITALS	50	549	935,185.20	1703.43	.022	18703.70	37.91
NON-HSC HOSPITALS TOTAL	1,070	4,309	5,714,019.52	1326.07	.175	5340.21	231.63
ACCOMMODATIONS	1,070	4,309	2,654,415.87	616.02	.175	2480.76	107.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,070	4,309	2,654,415.87	616.02	.175	2480.76	107.60
ANCILLARIES	1,069	0	3,059,603.65	.00	.000	2862.12	124.03
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,686	19,610	521,298.84	26.58	.795	111.25	21.13
MEDICAL	874	1,195	43,987.28	36.81	.048	50.33	1.78
SURGERY	519	785	22,424.87	28.57	.032	43.21	.91
PATHOLOGY	1,858	6,163	72,191.87	11.71	.250	38.85	2.93
RADIOLOGY	1,494	1,704	108,147.64	63.47	.069	72.39	4.38
ROOM USE	2,306	3,509	124,095.00	35.36	.142	53.81	5.03
CROSSOVERS/ALL OTH OUTPTNT	1,671	6,254	150,452.18	24.06	.254	90.04	6.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	30CR	\$ 2,762.30CR	\$ 92.08	.001CR	.00	\$.11CR
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	30CR	2,762.30CR	92.08	.001CR	.00	.11CR
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	7	101	\$ 1,855.99	\$ 18.38	.004	\$ 265.14	\$.08
HOSPITAL BASED	1	4	378.23	94.56	.000	378.23	.02
INDEPENDENT FACILITY	6	97	1,477.76	15.23	.004	246.29	.06
@LABORATORY FACILITY	2,367	5,632	\$ 80,107.06	\$ 14.22	.228	\$ 33.84	\$ 3.25
PATHOLOGY	2,362	5,625	80,027.26	14.23	.228	33.88	3.24
XO AND OTHERS	7	7	79.80	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	7,292	17,264	\$ 1,678,236.26	\$ 97.21	.700	\$ 230.15	\$ 68.03
CLINIC	472	2,486	82,274.38	33.10	.101	174.31	3.34
SURGICENTER	1	7	272.68	38.95	.000	272.68	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,829	14,771	1,595,689.20	108.03	.599	233.66	64.68

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	24,669 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	618	9,047	\$ 134,557.79	\$ 14.87	.367	\$ 217.73	\$ 5.45	
DURABLE MED. EQUIP.	52	53	5,334.40	100.65	.002	102.58	.22	
BLOOD BANK	5	3,080	9,240.00	3.00	.125	1848.00	.37	
HEARING AID DISPENSERS	1	1	2,676.65	2676.65	.000	2676.65	.11	
MEDICAL TRANSPORTATION	102	4,442	33,370.50	7.51	.180	327.16	1.35	
AMBULANCES/AIR TRANS	96	1,638	19,507.04	11.91	.066	203.20	.79	
OTHER TRANS	6	2,799	5,388.46	1.93	.113	898.08	.22	
OTHER SERVICES	5	5	8,475.00	1695.00	.000	1695.00	.34	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	377	377	39,561.00	104.94	.015	104.94	1.60	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	19	19	1,794.33	94.44	.001	94.44	.07	
PROSTHETICS	18	18	1,697.83	94.32	.001	94.32	.07	
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	20	34	1,920.68	56.49	.001	96.03	.08	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	40	40	40,232.08	1005.80	.002	1005.80	1.63	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	5	1,001		428.15		.43	.041	85.63	.02
@CALIF. CHILDREN SERVICES*	185	8,499	\$	1,255,376.94	\$	147.71	.345	\$ 6785.82	\$ 50.89
@XOVER EXCLUDING STATE HOSP**	4	3	\$	1,779.08	\$	593.03	.000	\$ 444.77	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,397

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,931 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,616	26,827	\$ 865,937.13	\$ 32.28	13.893	\$ 535.85	\$ 448.44
@PHYSICIANS SERVICES	286	643	\$ 9,733.60	\$ 15.14	.333	\$ 34.03	\$ 5.04
OUTPATIENT VISITS	3	3	102.69	34.23	.002	34.23	.05
OFFICE VISITS	3	3	102.69	34.23	.002	34.23	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	.00	.00	.002	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	284	636	9,630.91	15.14	.329	33.91	4.99
@PHARMACY	1,425	15,600	\$ 414,347.51	\$ 26.56	8.079	\$ 290.77	\$ 214.58
PRESCRIPTION DRUGS	1,403	6,537	402,622.63	61.59	3.385	286.97	208.50
SNF/ICF	61	606	27,655.07	45.64	.314	453.36	14.32
OUTPATIENTS	1,344	5,931	374,967.56	63.22	3.071	278.99	194.18
MEDICAL SUPPLIES	183	9,063	11,724.88	1.29	4.693	64.07	6.07
@DENTIST	54	175	\$ 9,511.90	\$ 54.35	.091	\$ 176.15	\$ 4.93
VISITS - DIAGNOSTIC	33	83	1,256.90	15.14	.043	38.09	.65
ORAL SURGERY	10	42	2,310.00	55.00	.022	231.00	1.20
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.13
RESTORATIVE DENTISTRY	5	10	472.00	47.20	.005	94.40	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	14	38	5,213.00	137.18	.020	372.36	2.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,398
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,931 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	107	\$ 2,046.70	\$ 19.13	.055	\$ 58.48	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.003	47.45	.12
EYE APPLIANCES	33	97	1,658.90	17.10	.050	50.27	.86
OTHER OPTOMETRIC SERVICES	4	5	150.55	30.11	.003	37.64	.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	74	167	\$ 997.89	\$ 5.98	.086	\$ 13.49	\$.52
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	74	167	997.89	5.98	.086	13.49	.52
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	187	706	\$ 48,691.13	\$ 68.97	.366	\$ 260.38	\$ 25.22
HOSP INPATIENT TOTAL	37	0	35,577.48	.00	.000	961.55	18.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	37	0	35,577.48	.00	.000	961.55	18.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	706	13,113.65	18.57	.366	78.06	6.79
MEDICAL	3	4	114.98	28.75	.002	38.33	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	165	702	12,998.67	18.52	.364	78.78	6.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,399
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,931 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	187	706	\$ 48,691.13	\$ 68.97	.366	\$ 260.38	\$ 25.22	
COMM HOSP INPATIENT TOTAL	37	0	35,577.48	.00	.000	961.55	18.42	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	37	0	35,577.48	.00	.000	961.55	18.42	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	168	706	13,113.65	18.57	.366	78.06	6.79	
MEDICAL	3	4	114.98	28.75	.002	38.33	.06	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	165	702	12,998.67	18.52	.364	78.78	6.73	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	79	1,699	\$ 280,587.76	\$ 165.15	.880	\$ 3551.74	\$ 145.31	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	5	126	15,770.12	125.16	.065	3154.02	8.17	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	74	1,573	264,817.64	168.35	.815	3578.62	137.14	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	5	\$ 51.63	\$ 10.33	.003	\$ 12.91	\$.03	
PATHOLOGY	3	4	29.63	7.41	.002	9.88	.02	
XO AND OTHERS	1	1	22.00	22.00	.001	22.00	.01	

@ORGANIZED OUTPATIENT CLINIC	127	211	\$	11,925.33	\$	56.52	.109	\$	93.90	\$	6.18
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	4	4		830.70		207.68	.002		207.68		.43
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	124	207		11,094.63		53.60	.107		89.47		5.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,400
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,931 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	403		7,514	\$ 88,043.68	\$ 11.72	3.891	\$ 218.47	\$ 45.59
DURABLE MED. EQUIP.	23		46	8,030.21	174.57	.024	349.14	4.16
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10		12	411.50	34.29	.006	41.15	.21
MEDICAL TRANSPORTATION	25		420	2,291.33	5.46	.218	91.65	1.19
AMBULANCES/AIR TRANS	1		2	134.27	67.14	.001	134.27	.07
OTHER TRANS	18		426	2,058.93	4.83	.221	114.39	1.07
OTHER SERVICES	6		8CR	98.13	12.27CR	.004CR	16.36	.05
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9		106	7,375.48	69.58	.055	819.50	3.82
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	125		607	44,408.51	73.16	.314	355.27	23.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	41		97	1,237.48	12.76	.050	30.18	.64
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		1	.56	.56	.001	.56	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1		8	31.52	3.94	.004	31.52	.02
SPEECH AND AUDIOLOGY	9		16	1,054.99	65.94	.008	117.22	.55

HOSPICE SERVICES	7	133		17,605.21	132.37	.069	2515.03	9.12
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	212	6,068		5,596.89	.92	3.142	26.40	2.90
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	641	7,632	\$	113,186.89	\$	14.83	3.952	\$
							176.58	\$
								58.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,401

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER		
@TOTAL, ALL PROVIDERS	84	3,413	\$ 31,699.52	\$ 9.29	29.678	\$ 377.38		\$ 275.65
@PHYSICIANS SERVICES	13	27	\$ 598.07	\$ 22.15	.235	\$ 46.01		\$ 5.20
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	13	27	598.07	22.15	.235	46.01		5.20
@PHARMACY	74	3,291	\$ 24,359.08	\$ 7.40	28.617	\$ 329.18		\$ 211.82
PRESCRIPTION DRUGS	74	218	22,311.22	102.35	1.896	301.50		194.01
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	74	218	22,311.22	102.35	1.896	301.50		194.01
MEDICAL SUPPLIES	12	3,073	2,047.86	.67	26.722	170.66		17.81
@DENTIST	4	19	\$ 407.90	\$ 21.47	.165	\$ 101.98		\$ 3.55
VISITS - DIAGNOSTIC	4	15	164.90	10.99	.130	41.23		1.43
ORAL SURGERY	1	1	85.00	85.00	.009	85.00		.74

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	158.00	52.67	.026	158.00	1.37
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,402
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 10.75	\$ 1.79	.052	\$ 2.69	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	6	10.75	1.79	.052	2.69	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6	21	\$ 2,504.58	\$ 119.27	.183	\$ 417.43	\$ 21.78
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	7.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	7.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	21	1,628.58	77.55	.183	325.72	14.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	21	1,628.58	77.55	.183	325.72	14.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,403
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
115 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6	21	\$ 2,504.58	\$ 119.27	.183	\$ 417.43	\$ 21.78
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	7.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	7.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	21	1,628.58	77.55	.183	325.72	14.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	21	1,628.58	77.55	.183	325.72	14.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,404
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
115 ELIGIBLES							
@ALL OTHER PROVIDERS	12	49	\$ 3,819.14	\$ 77.94	.426	\$ 318.26	\$ 33.21
DURABLE MED. EQUIP.	2	2	426.00	213.00	.017	213.00	3.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	37	3,292.52	88.99	.322	365.84	28.63
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.68	7.34	.017	14.68	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	85.94	10.74	.070	21.49	.75
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	24	68	\$ 3,236.44	\$ 47.59	.591	\$ 134.85	\$ 28.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,405
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,308 ELIGIBLES							

@TOTAL, ALL PROVIDERS	1,905	48,779	\$	1,381,296.22	\$	28.32	21.135	\$	725.09	\$	598.48
@PHYSICIANS SERVICES	299	1,955	\$	22,565.29	\$	11.54	.847	\$	75.47	\$	9.78
OUTPATIENT VISITS	8	10		452.88		45.29	.004		56.61		.20
OFFICE VISITS	3	4		161.28		40.32	.002		53.76		.07
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		269.47		67.37	.002		67.37		.12
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	2	2		22.13		11.07	.001		11.07		.01
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		34.83		34.83	.000		34.83		.02
EXAMINATIONS	1	1		34.83		34.83	.000		34.83		.02
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	4		417.16		104.29	.002		208.58		.18
PRINCIPAL SURGEON	2	4		417.16		104.29	.002		208.58		.18
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	8		174.93		21.87	.003		87.47		.08
PRINCIPAL SURGEON	1	1		13.53		13.53	.000		13.53		.01
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		161.40		23.06	.003		161.40		.07
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		46.88		23.44	.001		23.44		.02
RADIOLOGY	3	22		731.72		33.26	.010		243.91		.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		135.96		67.98	.001		67.98		.06
OTHER SERVICES/ALL X-OVERS	286	1,906		20,570.93		10.79	.826		71.93		8.91
@PHARMACY	1,662	21,668	\$	873,300.22	\$	40.30	9.388	\$	525.45	\$	378.38
PRESCRIPTION DRUGS	1,627	8,037		859,511.50		106.94	3.482		528.28		372.41

SNF/ICF	6	36	4,177.88	116.05	.016	696.31	1.81
OUTPATIENTS	1,623	8,001	855,333.62	106.90	3.467	527.01	370.60
MEDICAL SUPPLIES	188	13,631	13,788.72	1.01	5.906	73.34	5.97
@DENTIST	134	489	\$ 18,471.85	\$ 37.77	.212	\$ 137.85	\$ 8.00
VISITS - DIAGNOSTIC	91	295	3,541.55	12.01	.128	38.92	1.53
ORAL SURGERY	15	59	3,712.00	62.92	.026	247.47	1.61
DRUGS	1	1	25.00	25.00	.000	25.00	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	12	944.00	78.67	.005	85.82	.41
ENDODONTICS	2	2	260.00	130.00	.001	130.00	.11
RESTORATIVE DENTISTRY	35	73	4,182.30	57.29	.032	119.49	1.81
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	15	44	5,777.00	131.30	.019	385.13	2.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	2	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,406
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

2,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	52	154	\$ 2,782.84	\$ 18.07	.067	\$ 53.52	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	5	5	229.24	45.85	.002	45.85	.10
EYE APPLIANCES	48	138	2,246.43	16.28	.060	46.80	.97
OTHER OPTOMETRIC SERVICES	7	11	307.17	27.92	.005	43.88	.13
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	40	85	\$ 635.59	\$ 7.48	.037	\$ 15.89	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	40	85	635.59	7.48	.037	15.89	.28
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	226	982	\$ 38,230.74	\$ 38.93	.425	\$ 169.16	\$ 16.56
HOSP INPATIENT TOTAL	20	0	16,713.76	.00	.000	835.69	7.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0	16,713.76	.00	.000	835.69	7.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	212	982	21,516.98	21.91	.425	101.50	9.32
MEDICAL	7	11	361.65	32.88	.005	51.66	.16
SURGERY	1	1	21.65	21.65	.000	21.65	.01
PATHOLOGY	5	14	175.06	12.50	.006	35.01	.08

RADIOLOGY	2	2	433.92	216.96	.001	216.96	.19
ROOM USE	10	11	383.63	34.88	.005	38.36	.17
CROSSOVERS/ALL OTH OUTPTNT	196	943	20,141.07	21.36	.409	102.76	8.73
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,407
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

						----- MONTHLY AVERAGE -----		
2,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	226	982	\$ 38,230.74	\$ 38.93	.425	\$ 169.16	\$ 16.56	
COMM HOSP INPATIENT TOTAL	20	0	16,713.76	.00	.000	835.69	7.24	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	20	0	16,713.76	.00	.000	835.69	7.24	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	212	982	21,516.98	21.91	.425	101.50	9.32	
MEDICAL	7	11	361.65	32.88	.005	51.66	.16	
SURGERY	1	1	21.65	21.65	.000	21.65	.01	
PATHOLOGY	5	14	175.06	12.50	.006	35.01	.08	
RADIOLOGY	2	2	433.92	216.96	.001	216.96	.19	
ROOM USE	10	11	383.63	34.88	.005	38.36	.17	
CROSSOVERS/ALL OTH OUTPTNT	196	943	20,141.07	21.36	.409	102.76	8.73	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	10	167	\$ 34,022.36	\$ 203.73	.072	\$ 3402.24	\$ 14.74	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	10	167	34,022.36	203.73	.072	3402.24	14.74	
@INTERMEDIATE CARE FACIL.-DD	3	190	\$ 30,846.50	\$ 162.35	.082	\$ 10282.17	\$ 13.37	

ICF DDH	3	190		30,846.50	162.35	.082	10282.17	13.37
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	25	\$	14,685.14	587.41	.011	815.84	6.36
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	25		14,685.14	587.41	.011	815.84	6.36
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	26	\$	258.15	9.93	.011	36.88	.11
PATHOLOGY	4	16		201.75	12.61	.007	50.44	.09
XO AND OTHERS	3	10		56.40	5.64	.004	18.80	.02
@ORGANIZED OUTPATIENT CLINIC	240	527	\$	23,902.81	45.36	.228	99.60	10.36
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	6		91.01	15.17	.003	91.01	.04
RURAL HEALTH CLINIC	239	521		23,811.80	45.70	.226	99.63	10.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C							

PAGE 15,408
03/14/05

	2,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	290	22,511	\$	321,594.73	\$ 14.29	9.753	\$ 1108.95	\$ 139.34
DURABLE MED. EQUIP.	21	81		7,576.34	93.54	.035	360.78	3.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		122.81	61.41	.001	61.41	.05
MEDICAL TRANSPORTATION	57	9,261		24,886.15	2.69	4.013	436.60	10.78
AMBULANCES/AIR TRANS	5	29		709.19	24.45	.013	141.84	.31
OTHER TRANS	51	9,227		24,165.67	2.62	3.998	473.84	10.47
OTHER SERVICES	2	5		11.29	2.26	.002	5.65	.00
ACUPUNCTURE	4	12		205.45	17.12	.005	51.36	.09
ADULT DAY HEALTH CARE CTR	21	165		11,480.70	69.58	.071	546.70	4.97
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	8,747		257,601.71	29.45	3.790	21466.81	111.61
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	46	106		1,178.40	11.12	.046	25.62	.51
PHYSICAL THERAPIST	3	15		72.61	4.84	.006	24.20	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4		47.16	11.79	.002	47.16	.02
PROSTHETICS	1	4		47.16	11.79	.002	47.16	.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		10.65	10.65	.000	10.65	.00
SPEECH AND AUDIOLOGY	27	99		4,688.17	47.36	.043	173.64	2.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27		341.04	12.63	.012	113.68	.15
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	154	3,991		13,383.54	3.35	1.729	86.91	5.80
@CALIF. CHILDREN SERVICES*	1	1	\$	34.83	\$ 34.83	.000	\$ 34.83	\$.02
@XOVER EXCLUDING STATE HOSP**	618	11,520	\$	98,949.99	\$ 8.59	4.991	\$ 160.11	\$ 42.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 15,410
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,411
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,412
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,413

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,354 ELIGIBLES							
@TOTAL, ALL PROVIDERS	3,605	79,019	\$ 2,278,932.87	\$ 28.84	18.149	\$ 632.16	\$ 523.41
@PHYSICIANS SERVICES	598	2,625	\$ 32,896.96	\$ 12.53	.603	\$ 55.01	\$ 7.56
OUTPATIENT VISITS	11	13	555.57	42.74	.003	50.51	.13
OFFICE VISITS	6	7	263.97	37.71	.002	44.00	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	269.47	67.37	.001	67.37	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	22.13	11.07	.000	11.07	.01
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	34.83	34.83	.000	34.83	.01
EXAMINATIONS	1	1	34.83	34.83	.000	34.83	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	417.16	104.29	.001	208.58	.10
PRINCIPAL SURGEON	2	4	417.16	104.29	.001	208.58	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	174.93	21.87	.002	87.47	.04
PRINCIPAL SURGEON	1	1	13.53	13.53	.000	13.53	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.002	161.40	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	46.88	7.81	.001	15.63	.01
RADIOLOGY	3	22	731.72	33.26	.005	243.91	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	135.96	67.98	.000	67.98	.03
OTHER SERVICES/ALL X-OVERS	583	2,569	30,799.91	11.99	.590	52.83	7.07
@PHARMACY	3,161	40,559	\$ 1,312,006.81	\$ 32.35	9.315	\$ 415.06	\$ 301.33
PRESCRIPTION DRUGS	3,104	14,792	1,284,445.35	86.83	3.397	413.80	295.00
SNF/ICF	67	642	31,832.95	49.58	.147	475.12	7.31
OUTPATIENTS	3,041	14,150	1,252,612.40	88.52	3.250	411.91	287.69
MEDICAL SUPPLIES	383	25,767	27,561.46	1.07	5.918	71.96	6.33
@DENTIST	192	683	\$ 28,391.65	\$ 41.57	.157	\$ 147.87	\$ 6.52
VISITS - DIAGNOSTIC	128	393	4,963.35	12.63	.090	38.78	1.14
ORAL SURGERY	26	102	6,107.00	59.87	.023	234.88	1.40
DRUGS	2	2	25.00	12.50	.000	12.50	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	12	944.00	78.67	.003	85.82	.22
ENDODONTICS	3	3	520.00	173.33	.001	173.33	.12
RESTORATIVE DENTISTRY	41	86	4,812.30	55.96	.020	117.37	1.11
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	29	82	10,990.00	134.02	.019	378.97	2.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,414
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	4,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	87	261	\$	4,829.54	\$ 18.50	.060	\$ 55.51	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	10	10		466.49	46.65	.002	46.65	.11
EYE APPLIANCES	81	235		3,905.33	16.62	.054	48.21	.90
OTHER OPTOMETRIC SERVICES	11	16		457.72	28.61	.004	41.61	.11
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	118	258	\$	1,644.23	\$ 6.37	.059	\$ 13.93	\$.38
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	118	258		1,644.23	6.37	.059	13.93	.38
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	419	1,709	\$	89,426.45	\$ 52.33	.393	\$ 213.43	\$ 20.54
HOSP INPATIENT TOTAL	58	0		53,167.24	.00	.000	916.68	12.21
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	58	0		53,167.24	.00	.000	916.68	12.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	385	1,709		36,259.21	21.22	.393	94.18	8.33
MEDICAL	10	15		476.63	31.78	.003	47.66	.11
SURGERY	1	1		21.65	21.65	.000	21.65	.00
PATHOLOGY	5	14		175.06	12.50	.003	35.01	.04
RADIOLOGY	2	2		433.92	216.96	.000	216.96	.10
ROOM USE	10	11		383.63	34.88	.003	38.36	.09
CROSSOVERS/ALL OTH OUTPTNT	366	1,666		34,768.32	20.87	.383	95.00	7.99
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,415
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	4,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	419		1,709	\$ 89,426.45	\$ 52.33	.393	\$ 213.43	\$ 20.54
COMM HOSP INPATIENT TOTAL	58		0	53,167.24	.00	.000	916.68	12.21
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	58		0	53,167.24	.00	.000	916.68	12.21
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	385		1,709	36,259.21	21.22	.393	94.18	8.33
MEDICAL	10		15	476.63	31.78	.003	47.66	.11
SURGERY	1		1	21.65	21.65	.000	21.65	.00
PATHOLOGY	5		14	175.06	12.50	.003	35.01	.04
RADIOLOGY	2		2	433.92	216.96	.000	216.96	.10
ROOM USE	10		11	383.63	34.88	.003	38.36	.09

CROSSOVERS/ALL OTH OUTPTNT	366	1,666		34,768.32	20.87	.383	95.00	7.99
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	89	1,866	\$	314,610.12	168.60	.429	3534.95	72.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	5	126		15,770.12	125.16	.029	3154.02	3.62
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	84	1,740		298,840.00	171.75	.400	3557.62	68.64
@INTERMEDIATE CARE FACIL.-DD	3	190	\$	30,846.50	162.35	.044	10282.17	7.08
ICF DDH	3	190		30,846.50	162.35	.044	10282.17	7.08
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	25	\$	14,685.14	587.41	.006	815.84	3.37
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	25		14,685.14	587.41	.006	815.84	3.37
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	31	\$	309.78	9.99	.007	28.16	.07
PATHOLOGY	7	20		231.38	11.57	.005	33.05	.05
XO AND OTHERS	4	11		78.40	7.13	.003	19.60	.02
@ORGANIZED OUTPATIENT CLINIC	367	738	\$	35,828.14	48.55	.169	97.62	8.23
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	4	4		830.70	207.68	.001	207.68	.19
HEROIN DETOX CLINIC	1	6		91.01	15.17	.001	91.01	.02
RURAL HEALTH CLINIC	363	728		34,906.43	47.95	.167	96.16	8.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,416
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					----- MONTHLY AVERAGE -----			
4,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	705	30,074	\$ 413,457.55	\$ 13.75	6.907	\$ 586.46	\$ 94.96	
DURABLE MED. EQUIP.	46	129	16,032.55	124.28	.030	348.53	3.68	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	12	14	534.31	38.17	.003	44.53	.12	
MEDICAL TRANSPORTATION	82	9,681	27,177.48	2.81	2.223	331.43	6.24	
AMBULANCES/AIR TRANS	6	31	843.46	27.21	.007	140.58	.19	
OTHER TRANS	69	9,653	26,224.60	2.72	2.217	380.07	6.02	
OTHER SERVICES	8	3CR	109.42	36.47CR	.001CR	13.68	.03	
ACUPUNCTURE	4	12	205.45	17.12	.003	51.36	.05	
ADULT DAY HEALTH CARE CTR	30	271	18,856.18	69.58	.062	628.54	4.33	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	146	9,391	305,302.74	32.51	2.157	2091.11	70.12	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	88	205	2,430.56	11.86	.047	27.62	.56	
PHYSICAL THERAPIST	3	15	72.61	4.84	.003	24.20	.02	
PORTABLE X-RAY	1	1	.56	.56	.000	.56	.00	
PROSTHETIST/ORTHOTISTS	1	4	47.16	11.79	.001	47.16	.01	
PROSTHETICS	1	4	47.16	11.79	.001	47.16	.01	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	2	9	42.17	4.69	.002	21.09	.01	
SPEECH AND AUDIOLOGY	36	115	5,743.16	49.94	.026	159.53	1.32	

HOSPICE SERVICES	7	133		17,605.21	132.37	.031	2515.03	4.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27		341.04	12.63	.006	113.68	.08
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	370	10,067		19,066.37	1.89	2.312	51.53	4.38
@CALIF. CHILDREN SERVICES*	1	1	\$	34.83	34.83	.000	34.83	.01
@XOVER EXCLUDING STATE HOSP**	1,283	19,220	\$	215,373.32	11.21	4.414	167.87	49.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,417

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	823	42,354	\$ 397,690.61	\$ 9.39	42.060	\$ 483.22	\$ 394.93
@PHYSICIANS SERVICES	117	303	\$ 4,242.90	\$ 14.00	.301	\$ 36.26	\$ 4.21
OUTPATIENT VISITS	5	7	312.85	44.69	.007	62.57	.31
OFFICE VISITS	3	5	199.90	39.98	.005	66.63	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.002	56.48	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	.00	.00	.003	.00	.00
HOSPITAL VISITS	2	3	.00	.00	.003	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	15.49	7.75	.002	7.75	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	111	291	3,914.56	13.45	.289	35.27	3.89
@PHARMACY	697	35,723	\$ 215,662.98	\$ 6.04	35.475	\$ 309.42	\$ 214.16
PRESCRIPTION DRUGS	660	3,254	199,333.33	61.26	3.231	302.02	197.95
SNF/ICF	16	105	5,297.36	50.45	.104	331.09	5.26
OUTPATIENTS	646	3,149	194,035.97	61.62	3.127	300.37	192.69
MEDICAL SUPPLIES	172	32,469	16,329.65	.50	32.243	94.94	16.22
@DENTIST	20	102	\$ 2,809.00	\$ 27.54	.101	\$ 140.45	\$ 2.79
VISITS - DIAGNOSTIC	16	66	789.00	11.95	.066	49.31	.78
ORAL SURGERY	1	6	322.00	53.67	.006	322.00	.32

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.12
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	13	704.00	54.15	.013	140.80	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	16	876.00	54.75	.016	219.00	.87
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,418
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 138.02	\$ 17.25	.008	\$ 46.01	\$.14
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	8	138.02	17.25	.008	46.01	.14
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	25	\$ 191.79	\$ 7.67	.025	\$ 8.34	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	23	25	191.79	7.67	.025	8.34	.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	248	\$ 23,475.37	\$ 94.66	.246	\$ 313.00	\$ 23.31
HOSP INPATIENT TOTAL	17	0	18,787.61	.00	.000	1105.15	18.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17	0	18,787.61	.00	.000	1105.15	18.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	66	248	4,687.76	18.90	.246	71.03	4.66
MEDICAL	1	1	29.84	29.84	.001	29.84	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	14.89	14.89	.001	14.89	.01
ROOM USE	3	3	92.32	30.77	.003	30.77	.09
CROSSOVERS/ALL OTH OUTPTNT	64	243	4,550.71	18.73	.241	71.10	4.52
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,419
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75		248	\$ 23,475.37	\$ 94.66	.246	\$ 313.00	\$ 23.31
COMM HOSP INPATIENT TOTAL	17		0	18,787.61	.00	.000	1105.15	18.66
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17		0	18,787.61	.00	.000	1105.15	18.66
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	66		248	4,687.76	18.90	.246	71.03	4.66
MEDICAL	1		1	29.84	29.84	.001	29.84	.03
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	1		1	14.89	14.89	.001	14.89	.01
ROOM USE	3		3	92.32	30.77	.003	30.77	.09
CROSSOVERS/ALL OTH OUTPTNT	64		243	4,550.71	18.73	.241	71.10	4.52
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	20		312	\$ 62,551.25	\$ 200.48	.310	\$ 3127.56	\$ 62.12
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	20		312	62,551.25	200.48	.310	3127.56	62.12
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8		9	\$ 3,054.16	\$ 339.35	.009	\$ 381.77	\$ 3.03
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8		9	3,054.16	339.35	.009	381.77	3.03

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$	73.71	\$	9.21	.008	\$	36.86	\$	.07
PATHOLOGY	2	8		73.71		9.21	.008		36.86		.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	110	\$	8,868.69	\$	80.62	.109	\$	123.18	\$	8.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		408.88		204.44	.002		204.44		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	70	108		8,459.81		78.33	.107		120.85		8.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,420
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

1,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	260	5,506	\$ 76,622.74	\$ 13.92	5.468	\$ 294.70	\$ 76.09
DURABLE MED. EQUIP.	3	11	403.03	36.64	.011	134.34	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	149.19	37.30	.004	49.73	.15
MEDICAL TRANSPORTATION	39	2,905	12,309.31	4.24	2.885	315.62	12.22
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	38	2,899	12,303.40	4.24	2.879	323.77	12.22
OTHER SERVICES	1	6	5.91	.99	.006	5.91	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	142	9,890.80	69.65	.141	760.83	9.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	130	947	47,750.05	50.42	.940	367.31	47.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	14	139.64	9.97	.014	27.93	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	2	2		.60	.30	.002	.30	.00
PROSTHETIST/ORTHOTISTS	1	1		35.76	35.76	.001	35.76	.04
PROSTHETICS	1	1		35.76	35.76	.001	35.76	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	5		86.09	17.22	.005	43.05	.09
SPEECH AND AUDIOLOGY	3	4		146.04	36.51	.004	48.68	.15
HOSPICE SERVICES	1	3		397.11	132.37	.003	397.11	.39
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	1,468		5,315.12	3.62	1.458	53.15	5.28
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	241	2,158	\$	55,228.35	\$ 25.59	2.143	\$ 229.16	\$ 54.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,421
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	792	\$ 25,117.30	\$ 31.71	34.435	\$ 1046.55	\$ 1092.06
@PHYSICIANS SERVICES	10	30	\$ 665.63	\$ 22.19	1.304	\$ 66.56	\$ 28.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	30	665.63	22.19	1.304	66.56	28.94
@PHARMACY	21	110	\$ 8,812.41	\$ 80.11	4.783	\$ 419.64	\$ 383.15
PRESCRIPTION DRUGS	21	108	8,690.68	80.47	4.696	413.84	377.86

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	21	108	8,690.68	80.47	4.696	413.84	377.86
MEDICAL SUPPLIES	1	2	121.73	60.87	.087	121.73	5.29
@DENTIST	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

PAGE 15,422
03/14/05

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	10	\$ 1,096.98	\$ 109.70	.435	\$ 219.40	\$ 47.69
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	38.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	10	220.98	22.10	.435	55.25	9.61
MEDICAL	1	1	43.31	43.31	.043	43.31	1.88
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	7CR	109.97CR	15.71	.304CR	.00	4.78CR

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	16	287.64	17.98	.696	95.88	12.51
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,423
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10	\$ 1,096.98	\$ 109.70	.435	\$ 219.40	\$ 47.69
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	38.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	10	220.98	22.10	.435	55.25	9.61
MEDICAL	1	1	43.31	43.31	.043	43.31	1.88
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	7CR	109.97CR	15.71	.304CR	.00	4.78CR
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	16	287.64	17.98	.696	95.88	12.51
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 657.00	\$.00	.000	\$ 657.00	\$ 28.57
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	657.00	.00	.000	657.00	28.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	9	\$ 4,675.32	\$ 519.48	.391	\$ 519.48	\$ 203.27
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	9	4,675.32	519.48	.391	519.48	203.27
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$ 556.72	\$ 139.18	.174	\$ 185.57	\$ 24.21
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4	556.72	139.18	.174	185.57	24.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,424
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	629	\$ 8,653.24	\$ 13.76	27.348	\$ 961.47	\$ 376.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	560	3,965.30	7.08	24.348	495.66	172.40
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	560	3,965.30	7.08	24.348	495.66	172.40
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	67	4,661.86	69.58	2.913	665.98	202.69
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.087	26.08	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	55	\$ 7,161.59	\$ 130.21	2.391	\$ 596.80	\$ 311.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

796 ELIGIBLES		AID CODE 68		----- MONTHLY AVERAGE -----				
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	761	44,348	\$ 1,094,446.88	\$ 24.68	55.714	\$ 1438.17	\$ 1374.93	
@PHYSICIANS SERVICES	166	807	\$ 30,857.53	\$ 38.24	1.014	\$ 185.89	\$ 38.77	
OUTPATIENT VISITS	57	82	3,365.60	41.04	.103	59.05	4.23	
OFFICE VISITS	38	53	1,582.58	29.86	.067	41.65	1.99	
HOME VISITS	3	4	171.80	42.95	.005	57.27	.22	
EMERGENCY ROOM	15	22	1,531.86	69.63	.028	102.12	1.92	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	3	3	79.36	26.45	.004	26.45	.10	
INPATIENT VISITS	18	111	4,823.17	43.45	.139	267.95	6.06	
HOSPITAL VISITS	18	109	4,579.97	42.02	.137	254.44	5.75	
CRITICAL CARE	2	2	243.20	121.60	.003	121.60	.31	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	9	68	4,322.92	63.57	.085	480.32	5.43	
PRINCIPAL SURGEON	6	8	2,772.88	346.61	.010	462.15	3.48	
ASSISTANT SURGEON	1	1	297.84	297.84	.001	297.84	.37	
ANESTHESIOLOGIST	4	59	1,252.20	21.22	.074	313.05	1.57	
OUTPATIENT SURGERY	11	17	1,265.54	74.44	.021	115.05	1.59	
PRINCIPAL SURGEON	10	11	1,090.13	99.10	.014	109.01	1.37	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	6	175.41	29.24	.008	175.41	.22	
DIALYSIS	6	6	1,350.24	225.04	.008	225.04	1.70	
PATHOLOGY	18	51	620.17	12.16	.064	34.45	.78	

RADIOLOGY	34	80		4,933.40	61.67	.101	145.10	6.20
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	166		4,387.19	26.43	.209	398.84	5.51
OTHER SERVICES/ALL X-OVERS	97	226		5,789.30	25.62	.284	59.68	7.27
@PHARMACY	631	21,497	\$	407,713.13	\$ 18.97	27.006	\$ 646.14	\$ 512.20
PRESCRIPTION DRUGS	606	3,142		391,738.54	124.68	3.947	646.43	492.13
SNF/ICF	4	19		1,001.54	52.71	.024	250.39	1.26
OUTPATIENTS	603	3,123		390,737.00	125.12	3.923	647.99	490.88
MEDICAL SUPPLIES	111	18,355		15,974.59	.87	23.059	143.92	20.07
@DENTIST	16	55	\$	1,293.90	\$ 23.53	.069	\$ 80.87	\$ 1.63
VISITS - DIAGNOSTIC	15	41		608.90	14.85	.052	40.59	.76
ORAL SURGERY	1	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	5	12		685.00	57.08	.015	137.00	.86
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOPO24	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
AID CODE 68								PAGE 15,426
								03/14/05

796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	40	\$ 757.11	\$ 18.93	.050	\$ 63.09	\$.95
DIAGNOSTIC AND ANC. PROCED	4	4	177.94	44.49	.005	44.49	.22
EYE APPLIANCES	11	35	547.73	15.65	.044	49.79	.69
OTHER OPTOMETRIC SERVICES	1	1	31.44	31.44	.001	31.44	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	25	\$ 182.88	\$ 7.32	.031	\$ 20.32	\$.23
MEDICINE/INJECTIONS	1	1	18.00	18.00	.001	18.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	24	164.88	6.87	.030	20.61	.21
@HOME HEALTH AGENCY	23	4,979	\$ 147,932.56	\$ 29.71	6.255	\$ 6431.85	\$ 185.84
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	472	\$ 107,364.36	\$ 227.47	.593	\$ 976.04	\$ 134.88
HOSP INPATIENT TOTAL	13	37	95,309.22	2575.92	.046	7331.48	119.74
HSC HOSPITALS	2	8	13,672.00	1709.00	.010	6836.00	17.18
NON-HSC HOSPITAL TOTAL	6	29	76,381.22	2633.84	.036	12730.20	95.96
ACCOMMODATIONS	6	29	16,013.76	552.20	.036	2668.96	20.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	16,013.76	552.20	.036	2668.96	20.12
ANCILLARIES	6	0	60,367.46	.00	.000	10061.24	75.84

INPATIENT CROSSOVERS	6	0	5,256.00	.00	.000	876.00	6.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	435	12,055.14	27.71	.546	119.36	15.14
MEDICAL	23	33	1,366.86	41.42	.041	59.43	1.72
SURGERY	4	4	251.04	62.76	.005	62.76	.32
PATHOLOGY	37	133	1,359.24	10.22	.167	36.74	1.71
RADIOLOGY	18	26	3,986.46	153.33	.033	221.47	5.01
ROOM USE	25	37	1,442.42	38.98	.046	57.70	1.81
CROSSOVERS/ALL OTH OUTPTNT	47	202	3,649.12	18.06	.254	77.64	4.58
@COUNTY HOSPITAL TOTAL	1	1	\$ 3.73	\$ 3.73	.001	\$ 3.73	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	3.73	3.73	.001	3.73	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.73	3.73	.001	3.73	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,427

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	471	\$ 107,360.63	\$ 227.94	.592	\$ 984.96	\$ 134.88
COMM HOSP INPATIENT TOTAL	13	37	95,309.22	2575.92	.046	7331.48	119.74
HSC HOSPITALS	2	8	13,672.00	1709.00	.010	6836.00	17.18
NON-HSC HOSPITALS TOTAL	6	29	76,381.22	2633.84	.036	12730.20	95.96
ACCOMMODATIONS	6	29	16,013.76	552.20	.036	2668.96	20.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	16,013.76	552.20	.036	2668.96	20.12
ANCILLARIES	6	0	60,367.46	.00	.000	10061.24	75.84
INPATIENT CROSSOVERS	6	0	5,256.00	.00	.000	876.00	6.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	434	12,051.41	27.77	.545	120.51	15.14
MEDICAL	23	33	1,366.86	41.42	.041	59.43	1.72
SURGERY	4	4	251.04	62.76	.005	62.76	.32
PATHOLOGY	37	133	1,359.24	10.22	.167	36.74	1.71
RADIOLOGY	18	26	3,986.46	153.33	.033	221.47	5.01
ROOM USE	25	37	1,442.42	38.98	.046	57.70	1.81
CROSSOVERS/ALL OTH OUTPTNT	46	201	3,645.39	18.14	.253	79.25	4.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	97	\$ 22,038.20	\$ 227.20	.122	\$ 3148.31	\$ 27.69
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	97	22,038.20	227.20	.122	3148.31	27.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	843	\$ 25,469.03	\$ 30.21	1.059	\$ 4244.84	\$ 32.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	843	25,469.03	30.21	1.059	4244.84	32.00
@REHABILITATION FACILITY	8	182	\$ 2,598.47	\$ 14.28	.229	\$ 324.81	\$ 3.26
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	8	182	2,598.47	14.28	.229	324.81	3.26
@LABORATORY FACILITY	19	118	\$ 1,759.85	\$ 14.91	.148	\$ 92.62	\$ 2.21
PATHOLOGY	19	118	1,759.85	14.91	.148	92.62	2.21
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	132	270	\$ 17,055.13	\$ 63.17	.339	\$ 129.21	\$ 21.43
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	132	270	17,055.13	63.17	.339	129.21	21.43

#CALIF DEPT OF HEALTH SERV
 MOP024
 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED
 AID CODE 68
 ----- MONTHLY AVERAGE -----
 PAGE 15,428
 03/14/05

796 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	176	14,963	\$ 329,424.73	\$ 22.02	18.798	\$ 1871.73	\$ 413.85
DURABLE MED. EQUIP.	40	148	19,023.67	128.54	.186	475.59	23.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	4,920	16,404.76	3.33	6.181	565.68	20.61
AMBULANCES/AIR TRANS	14	146	3,071.99	21.04	.183	219.43	3.86
OTHER TRANS	14	4,766	11,582.69	2.43	5.987	827.34	14.55
OTHER SERVICES	2	8	1,750.08	218.76	.010	875.04	2.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	125	8,697.50	69.58	.157	1739.50	10.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	28	8,578	257,476.47	30.02	10.776	9195.59	323.46
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	200.68	11.15	.023	25.09	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	1,044.92	149.27	.009	522.46	1.31
PROSTHETICS	2	7	1,044.92	149.27	.009	522.46	1.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	5	66.35	13.27	.006	33.18	.08
SPEECH AND AUDIOLOGY	3	7	184.36	26.34	.009	61.45	.23
HOSPICE SERVICES	5	149	22,680.30	152.22	.187	4536.06	28.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	42	364.04	8.67	.053	121.35	.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	64	964		3,281.68		3.40	1.211	51.28	4.12
@CALIF. CHILDREN SERVICES*	25	583	\$	20,680.96	\$	35.47	.732	\$ 827.24	\$ 25.98
@XOVER EXCLUDING STATE HOSP**	154	2,219	\$	20,045.95	\$	9.03	2.788	\$ 130.17	\$ 25.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,429

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,826 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,608	87,494	\$ 1,517,254.79	\$ 17.34	47.916	\$ 943.57	\$ 830.92
@PHYSICIANS SERVICES	293	1,140	\$ 35,766.06	\$ 31.37	.624	\$ 122.07	\$ 19.59
OUTPATIENT VISITS	62	89	3,678.45	41.33	.049	59.33	2.01
OFFICE VISITS	41	58	1,782.48	30.73	.032	43.48	.98
HOME VISITS	3	4	171.80	42.95	.002	57.27	.09
EMERGENCY ROOM	17	24	1,644.81	68.53	.013	96.75	.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.36	26.45	.002	26.45	.04
INPATIENT VISITS	20	114	4,823.17	42.31	.062	241.16	2.64
HOSPITAL VISITS	20	112	4,579.97	40.89	.061	229.00	2.51
CRITICAL CARE	2	2	243.20	121.60	.001	121.60	.13
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	68	4,322.92	63.57	.037	480.32	2.37
PRINCIPAL SURGEON	6	8	2,772.88	346.61	.004	462.15	1.52
ASSISTANT SURGEON	1	1	297.84	297.84	.001	297.84	.16
ANESTHESIOLOGIST	4	59	1,252.20	21.22	.032	313.05	.69
OUTPATIENT SURGERY	11	17	1,265.54	74.44	.009	115.05	.69
PRINCIPAL SURGEON	10	11	1,090.13	99.10	.006	109.01	.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	175.41	29.24	.003	175.41	.10
DIALYSIS	6	6	1,350.24	225.04	.003	225.04	.74
PATHOLOGY	18	51	620.17	12.16	.028	34.45	.34
RADIOLOGY	36	82	4,948.89	60.35	.045	137.47	2.71
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	166	4,387.19	26.43	.091	398.84	2.40
OTHER SERVICES/ALL X-OVERS	218	547	10,369.49	18.96	.300	47.57	5.68
@PHARMACY	1,349	57,330	\$ 632,188.52	\$ 11.03	31.396	\$ 468.63	\$ 346.21
PRESCRIPTION DRUGS	1,287	6,504	599,762.55	92.21	3.562	466.02	328.46
SNF/ICF	20	124	6,298.90	50.80	.068	314.95	3.45
OUTPATIENTS	1,270	6,380	593,463.65	93.02	3.494	467.29	325.01
MEDICAL SUPPLIES	284	50,826	32,425.97	.64	27.835	114.18	17.76
@DENTIST	36	157	\$ 4,102.90	\$ 26.13	.086	\$ 113.97	\$ 2.25
VISITS - DIAGNOSTIC	31	107	1,397.90	13.06	.059	45.09	.77
ORAL SURGERY	2	7	322.00	46.00	.004	161.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.06
ENDODONTICS	1	1	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	10	25	1,389.00	55.56	.014	138.90	.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	4	16	876.00	54.75	.009	219.00	.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,430
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,826 ELIGIBLES							
@OPTOMETRIST	15	48	\$ 895.13	\$ 18.65	.026	\$ 59.68	\$.49
DIAGNOSTIC AND ANC. PROCED	4	4	177.94	44.49	.002	44.49	.10
EYE APPLIANCES	14	43	685.75	15.95	.024	48.98	.38
OTHER OPTOMETRIC SERVICES	1	1	31.44	31.44	.001	31.44	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	32	50	\$ 374.67	\$ 7.49	.027	\$ 11.71	\$.21
MEDICINE/INJECTIONS	1	1	18.00	18.00	.001	18.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	31	49	356.67	7.28	.027	11.51	.20
@HOME HEALTH AGENCY	23	4,979	\$ 147,932.56	\$ 29.71	2.727	\$ 6431.85	\$ 81.01
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	190	730	\$ 131,936.71	\$ 180.74	.400	\$ 694.40	\$ 72.25
HOSP INPATIENT TOTAL	31	37	114,972.83	3107.37	.020	3708.80	62.96
HSC HOSPITALS	2	8	13,672.00	1709.00	.004	6836.00	7.49

NON-HSC HOSPITAL TOTAL	6	29	76,381.22	2633.84	.016	12730.20	41.83
ACCOMMODATIONS	6	29	16,013.76	552.20	.016	2668.96	8.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	16,013.76	552.20	.016	2668.96	8.77
ANCILLARIES	6	0	60,367.46	.00	.000	10061.24	33.06
INPATIENT CROSSOVERS	24	0	24,919.61	.00	.000	1038.32	13.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	171	693	16,963.88	24.48	.380	99.20	9.29
MEDICAL	25	35	1,440.01	41.14	.019	57.60	.79
SURGERY	4	4	251.04	62.76	.002	62.76	.14
PATHOLOGY	37	126	1,249.27	9.91	.069	33.76	.68
RADIOLOGY	19	27	4,001.35	148.20	.015	210.60	2.19
ROOM USE	28	40	1,534.74	38.37	.022	54.81	.84
CROSSOVERS/ALL OTH OUTPTNT	114	461	8,487.47	18.41	.252	74.45	4.65
@COUNTY HOSPITAL TOTAL	1	1	\$ 3.73	\$ 3.73	.001	\$ 3.73	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	3.73	3.73	.001	3.73	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	3.73	3.73	.001	3.73	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,431
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	729	\$ 131,932.98	\$ 180.98	.399 \$ 698.06 \$ 72.25
COMM HOSP INPATIENT TOTAL	31	37	114,972.83	3107.37	.020 3708.80 62.96
HSC HOSPITALS	2	8	13,672.00	1709.00	.004 6836.00 7.49
NON-HSC HOSPITALS TOTAL	6	29	76,381.22	2633.84	.016 12730.20 41.83
ACCOMMODATIONS	6	29	16,013.76	552.20	.016 2668.96 8.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	6	29	16,013.76	552.20	.016 2668.96 8.77
ANCILLARIES	6	0	60,367.46	.00	.000 10061.24 33.06
INPATIENT CROSSOVERS	24	0	24,919.61	.00	.000 1038.32 13.65
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	170	692	16,960.15	24.51	.379 99.77 9.29
MEDICAL	25	35	1,440.01	41.14	.019 57.60 .79
SURGERY	4	4	251.04	62.76	.002 62.76 .14
PATHOLOGY	37	126	1,249.27	9.91	.069 33.76 .68
RADIOLOGY	19	27	4,001.35	148.20	.015 210.60 2.19
ROOM USE	28	40	1,534.74	38.37	.022 54.81 .84

CROSSOVERS/ALL OTH OUTPTNT	113	460		8,483.74	18.44	.252	75.08	4.65
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	28	409	\$	85,246.45	208.43	.224	3044.52	46.68
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	28	409		85,246.45	208.43	.224	3044.52	46.68
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	861	\$	33,198.51	38.56	.472	1443.41	18.18
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	861		33,198.51	38.56	.472	1443.41	18.18
@REHABILITATION FACILITY	8	182	\$	2,598.47	14.28	.100	324.81	1.42
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	8	182		2,598.47	14.28	.100	324.81	1.42
@LABORATORY FACILITY	21	126	\$	1,833.56	14.55	.069	87.31	1.00
PATHOLOGY	21	126		1,833.56	14.55	.069	87.31	1.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	207	384	\$	26,480.54	68.96	.210	127.93	14.50
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		408.88	204.44	.001	204.44	.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	205	382		26,071.66	68.25	.209	127.18	14.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,432
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	1,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	445	21,098	\$	414,700.71	\$ 19.66	11.554	\$ 931.91	\$ 227.11
DURABLE MED. EQUIP.	43	159		19,426.70	122.18	.087	451.78	10.64
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4		149.19	37.30	.002	49.73	.08
MEDICAL TRANSPORTATION	76	8,385		32,679.37	3.90	4.592	429.99	17.90
AMBULANCES/AIR TRANS	14	146		3,071.99	21.04	.080	219.43	1.68
OTHER TRANS	60	8,225		27,851.39	3.39	4.504	464.19	15.25
OTHER SERVICES	3	14		1,755.99	125.43	.008	585.33	.96
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	334		23,250.16	69.61	.183	930.01	12.73
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	158	9,525		305,226.52	32.04	5.216	1931.81	167.16
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	34		366.40	10.78	.019	26.17	.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2		.60	.30	.001	.30	.00
PROSTHETIST/ORTHOTISTS	3	8		1,080.68	135.09	.004	360.23	.59
PROSTHETICS	3	8		1,080.68	135.09	.004	360.23	.59
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	10		152.44	15.24	.005	38.11	.08
SPEECH AND AUDIOLOGY	6	11		330.40	30.04	.006	55.07	.18

HOSPICE SERVICES	6	152		23,077.41	151.83	.083	3846.24	12.64
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	42		364.04	8.67	.023	121.35	.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	164	2,432		8,596.80	3.53	1.332	52.42	4.71
@CALIF. CHILDREN SERVICES*	25	583	\$	20,680.96	\$ 35.47	.319	\$ 827.24	\$ 11.33
@XOVER EXCLUDING STATE HOSP**	407	4,432	\$	82,435.89	\$ 18.60	2.427	\$ 202.55	\$ 45.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,433

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

22,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,729	376,602	\$ 8,187,987.49	\$ 21.74	16.843	\$ 489.45	\$ 366.19
@PHYSICIANS SERVICES	3,006	10,959	\$ 167,635.91	\$ 15.30	.490	\$ 55.77	\$ 7.50
OUTPATIENT VISITS	78	94	3,627.59	38.59	.004	46.51	.16
OFFICE VISITS	65	78	2,592.35	33.24	.003	39.88	.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	15	989.48	65.97	.001	70.68	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00
INPATIENT VISITS	15	41	872.03	21.27	.002	58.14	.04
HOSPITAL VISITS	12	32	348.18	10.88	.001	29.02	.02
CRITICAL CARE	1	7	482.60	68.94	.000	482.60	.02
SNF/ICF/TRANS IP CARE	2	2	41.25	20.63	.000	20.63	.00
OPHTHALMOLOGICAL SERVICES	25	30	1,326.84	44.23	.001	53.07	.06
EXAMINATIONS	25	30	1,326.84	44.23	.001	53.07	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	20	3,211.52	160.58	.001	458.79	.14
PRINCIPAL SURGEON	5	6	2,639.84	439.97	.000	527.97	.12
ASSISTANT SURGEON	1	1	207.00	207.00	.000	207.00	.01
ANESTHESIOLOGIST	2	13	364.68	28.05	.001	182.34	.02
OUTPATIENT SURGERY	11	18	3,477.88	193.22	.001	316.17	.16
PRINCIPAL SURGEON	10	12	3,254.56	271.21	.001	325.46	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	223.32	37.22	.000	111.66	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	22	283.14	12.87	.001	18.88	.01
RADIOLOGY	35	50	1,344.12	26.88	.002	38.40	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	4	21.21	5.30	.000	7.07	.00
OTHER SERVICES/ALL X-OVERS	2,886	10,680	153,471.58	14.37	.478	53.18	6.86
@PHARMACY	14,211	276,819	\$ 3,818,813.42	\$ 13.80	12.380	\$ 268.72	\$ 170.79
PRESCRIPTION DRUGS	13,930	54,327	3,692,114.57	67.96	2.430	265.05	165.12
SNF/ICF	411	2,789	145,912.71	52.32	.125	355.02	6.53
OUTPATIENTS	13,541	51,538	3,546,201.86	68.81	2.305	261.89	158.60
MEDICAL SUPPLIES	1,643	222,492	126,698.85	.57	9.950	77.11	5.67
@DENTIST	656	2,394	\$ 111,026.63	\$ 46.38	.107	\$ 169.25	\$ 4.97
VISITS - DIAGNOSTIC	445	1,444	18,969.63	13.14	.065	42.63	.85
ORAL SURGERY	94	331	17,810.75	53.81	.015	189.48	.80

DRUGS	2	2	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	16	1,573.00	98.31	.001	98.31	.07
ENDODONTICS	9	13	3,295.00	253.46	.001	366.11	.15
RESTORATIVE DENTISTRY	120	224	14,437.50	64.45	.010	120.31	.65
PROSTHETICS	4	5	150.00	30.00	.000	37.50	.01
DENTURES, STAYPLATES	141	358	54,790.75	153.05	.016	388.59	2.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,434
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED						

22,360 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	369	1,116	\$	19,421.62	\$	17.40	.050	\$	52.63	\$.87
DIAGNOSTIC AND ANC. PROCED	33	33		1,446.21		43.82	.001		43.82	.06
EYE APPLIANCES	325	1,000		16,498.03		16.50	.045		50.76	.74
OTHER OPTOMETRIC SERVICES	47	83		1,477.38		17.80	.004		31.43	.07
@CHIROPRACTOR	3	9	\$	142.12	\$	15.79	.000	\$	47.37	\$.01
VISITS	1	6		91.96		15.33	.000		91.96	.00
OTHER SERVICES	2	3		50.16		16.72	.000		25.08	.00
@PODIATRIST	442	1,030	\$	8,780.27	\$	8.52	.046	\$	19.86	\$.39
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	442	1,030		8,780.27		8.52	.046		19.86	.39
@HOME HEALTH AGENCY	1	1	\$	45.75	\$	45.75	.000	\$	45.75	\$.00
NURSE ANESTHESIST	1	0	\$	.00	\$	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	2,031	7,440	\$	1,227,038.64	\$	164.92	.333	\$	604.15	\$ 54.88
HOSP INPATIENT TOTAL	315	378		1,060,429.78		2805.37	.017		3366.44	47.43
HSC HOSPITALS	14	84		110,203.44		1311.95	.004		7871.67	4.93
NON-HSC HOSPITAL TOTAL	56	294		727,807.37		2475.54	.013		12996.56	32.55
ACCOMMODATIONS	56	294		235,812.46		802.08	.013		4210.94	10.55
ADMINISTRATIVE DAYS	2	4		728.83		182.21	.000		364.42	.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	55	290		235,083.63		810.63	.013		4274.25	10.51
ANCILLARIES	56	0		491,994.91		.00	.000		8785.62	22.00
INPATIENT CROSSOVERS	246	0		222,418.97		.00	.000		904.14	9.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,819	7,062		166,608.86		23.59	.316		91.59	7.45
MEDICAL	145	182		5,214.40		28.65	.008		35.96	.23
SURGERY	13	14		683.54		48.82	.001		52.58	.03
PATHOLOGY	43	162		1,867.97		11.53	.007		43.44	.08
RADIOLOGY	24	35		2,755.13		78.72	.002		114.80	.12
ROOM USE	63	77		3,003.92		39.01	.003		47.68	.13
CROSSOVERS/ALL OTH OUTPTNT	1,657	6,592		153,083.90		23.22	.295		92.39	6.85
@COUNTY HOSPITAL TOTAL	2	4	\$	302.78	\$	75.70	.000	\$	151.39	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	302.78	75.70	.000	151.39	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	231.40	115.70	.000	115.70	.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	71.38	35.69	.000	35.69	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,435
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
22,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,029	7,436	\$ 1,226,735.86	\$ 164.97	.333	\$ 604.60	\$ 54.86	
COMM HOSP INPATIENT TOTAL	315	378	1,060,429.78	2805.37	.017	3366.44	47.43	
HSC HOSPITALS	14	84	110,203.44	1311.95	.004	7871.67	4.93	
NON-HSC HOSPITALS TOTAL	56	294	727,807.37	2475.54	.013	12996.56	32.55	
ACCOMMODATIONS	56	294	235,812.46	802.08	.013	4210.94	10.55	
ADMINISTRATIVE DAYS	2	4	728.83	182.21	.000	364.42	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	55	290	235,083.63	810.63	.013	4274.25	10.51	
ANCILLARIES	56	0	491,994.91	.00	.000	8785.62	22.00	
INPATIENT CROSSOVERS	246	0	222,418.97	.00	.000	904.14	9.95	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,817	7,058	166,306.08	23.56	.316	91.53	7.44
MEDICAL	145	182	5,214.40	28.65	.008	35.96	.23
SURGERY	11	12	452.14	37.68	.001	41.10	.02
PATHOLOGY	43	162	1,867.97	11.53	.007	43.44	.08
RADIOLOGY	24	35	2,755.13	78.72	.002	114.80	.12
ROOM USE	61	75	2,932.54	39.10	.003	48.07	.13
CROSSOVERS/ALL OTH OUTPTNT	1,657	6,592	153,083.90	23.22	.295	92.39	6.85
@STATE HOSPITAL	23	731	\$ 369,115.94	\$ 504.95	.033	\$ 16048.52	\$ 16.51
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	23	731	369,115.94	504.95	.033	16048.52	16.51
@NURSING FACILITY	464	9,810	\$ 1,600,161.25	\$ 163.12	.439	\$ 3448.62	\$ 71.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	6	140	17,524.60	125.18	.006	2920.77	.78
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	458	9,670	1,582,636.65	163.66	.432	3455.54	70.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	64	94	\$ 49,294.63	\$ 524.41	.004	\$ 770.23	\$ 2.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	64	94	49,294.63	524.41	.004	770.23	2.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	64	113	\$ 1,273.36	\$ 11.27	.005	\$ 19.90	\$.06
PATHOLOGY	56	89	1,132.27	12.72	.004	20.22	.05
XO AND OTHERS	8	24	141.09	5.88	.001	17.64	.01
@ORGANIZED OUTPATIENT CLINIC	1,659	2,737	\$ 139,332.93	\$ 50.91	.122	\$ 83.99	\$ 6.23
CLINIC	2	2	49.27	24.64	.000	24.64	.00
SURGICENTER	62	70	12,757.03	182.24	.003	205.76	.57
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,599	2,665	126,526.63	47.48	.119	79.13	5.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,436
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
22,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,798	63,349	\$ 675,905.02	\$ 10.67	2.833	\$ 241.57	\$ 30.23	
DURABLE MED. EQUIP.	104	301	48,446.88	160.95	.013	465.84	2.17	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	72	113	17,701.96	156.65	.005	245.86	.79	
MEDICAL TRANSPORTATION	181	6,117	32,310.35	5.28	.274	178.51	1.45	
AMBULANCES/AIR TRANS	9	117	1,161.41	9.93	.005	129.05	.05	
OTHER TRANS	139	5,932	30,638.02	5.16	.265	220.42	1.37	
OTHER SERVICES	34	68	510.92	7.51	.003	15.03	.02	
ACUPUNCTURE	39	109	1,936.58	17.77	.005	49.66	.09	
ADULT DAY HEALTH CARE CTR	62	760	52,915.60	69.63	.034	853.48	2.37	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	814	4,961	296,737.66	59.81	.222	364.54	13.27	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	387	909	10,833.60	11.92	.041	27.99	.48	
PHYSICAL THERAPIST	1	4	2.81	.70	.000	2.81	.00	

PORTABLE X-RAY	24	38	24.03	.63	.002	1.00	.00
PROSTHETIST/ORTHOTISTS	2	2	40.86	20.43	.000	20.43	.00
PROSTHETICS	2	2	40.86	20.43	.000	20.43	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	18	226.11	12.56	.001	37.69	.01
SPEECH AND AUDIOLOGY	98	204	14,545.45	71.30	.009	148.42	.65
HOSPICE SERVICES	51	1,103	145,720.94	132.11	.049	2857.27	6.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,380	48,710	54,462.19	1.12	2.178	39.47	2.44
@CALIF. CHILDREN SERVICES*	3	3	\$ 105.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5,545	36,785	\$ 898,726.61	\$ 24.43	1.645	\$ 162.08	\$ 40.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,437

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,854	89,118	\$ 1,776,211.16	\$ 19.93	35.100	\$ 958.04	\$ 699.57
@PHYSICIANS SERVICES	486	1,511	\$ 52,449.17	\$ 34.71	.595	\$ 107.92	\$ 20.66
OUTPATIENT VISITS	199	330	12,624.54	38.26	.130	63.44	4.97
OFFICE VISITS	160	240	6,781.61	28.26	.095	42.39	2.67
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	57	80	5,534.51	69.18	.032	97.10	2.18
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	8	230.27	28.78	.003	25.59	.09
INPATIENT VISITS	27	115	4,738.04	41.20	.045	175.48	1.87
HOSPITAL VISITS	27	112	4,373.24	39.05	.044	161.97	1.72
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	23	27	1,230.12	45.56	.011	53.48	.48
EXAMINATIONS	23	27	1,230.12	45.56	.011	53.48	.48
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	67	5,539.00	82.67	.026	553.90	2.18
PRINCIPAL SURGEON	6	10	3,967.23	396.72	.004	661.21	1.56
ASSISTANT SURGEON	1	2	336.36	168.18	.001	336.36	.13
ANESTHESIOLOGIST	5	55	1,235.41	22.46	.022	247.08	.49
OUTPATIENT SURGERY	29	100	8,680.58	86.81	.039	299.33	3.42
PRINCIPAL SURGEON	18	21	6,350.56	302.41	.008	352.81	2.50
ASSISTANT SURGEON	2	2	201.79	100.90	.001	100.90	.08
ANESTHESIOLOGIST	10	77	2,128.23	27.64	.030	212.82	.84
DIALYSIS	4	8	355.33	44.42	.003	88.83	.14
PATHOLOGY	27	74	1,028.37	13.90	.029	38.09	.41
RADIOLOGY	64	103	4,591.10	44.57	.041	71.74	1.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17	172.29	10.13	.007	24.61	.07
OTHER SERVICES/ALL X-OVERS	257	670	13,489.80	20.13	.264	52.49	5.31
@PHARMACY	1,457	46,556	\$ 571,105.61	\$ 12.27	18.336	\$ 391.97	\$ 224.93
PRESCRIPTION DRUGS	1,412	6,103	525,904.46	86.17	2.404	372.45	207.13

SNF/ICF	26	163		7,117.38	43.66	.064	273.75	2.80
OUTPATIENTS	1,388	5,940		518,787.08	87.34	2.340	373.77	204.33
MEDICAL SUPPLIES	265	40,453		45,201.15	1.12	15.933	170.57	17.80
@DENTIST	77	427	\$	12,377.70	\$ 28.99	.168	\$ 160.75	\$ 4.88
VISITS - DIAGNOSTIC	64	262		3,535.00	13.49	.103	55.23	1.39
ORAL SURGERY	12	57		2,841.00	49.84	.022	236.75	1.12
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	6		406.50	67.75	.002	101.63	.16
ENDODONTICS	3	6		426.00	71.00	.002	142.00	.17
RESTORATIVE DENTISTRY	23	79		3,609.20	45.69	.031	156.92	1.42
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	5	10		1,495.00	149.50	.004	299.00	.59
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,438
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	70	\$ 2,835.67	\$ 40.51	.028	\$ 123.29	\$ 1.12
DIAGNOSTIC AND ANC. PROCED	8	8	399.25	49.91	.003	49.91	.16
EYE APPLIANCES	19	58	2,221.94	38.31	.023	116.94	.88
OTHER OPTOMETRIC SERVICES	2	4	214.48	53.62	.002	107.24	.08
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.01
@PODIATRIST	64	137	\$ 991.40	\$ 7.24	.054	\$ 15.49	\$.39
MEDICINE/INJECTIONS	10	13	378.40	29.11	.005	37.84	.15
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	54	124	613.00	4.94	.049	11.35	.24
@HOME HEALTH AGENCY	17	2,016	\$ 60,076.26	\$ 29.80	.794	\$ 3533.90	\$ 23.66
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	370	2,628	\$ 280,979.78	\$ 106.92	1.035	\$ 759.40	\$ 110.67
HOSP INPATIENT TOTAL	45	91	227,742.30	2502.66	.036	5060.94	89.70
HSC HOSPITALS	3	6	9,716.17	1619.36	.002	3238.72	3.83
NON-HSC HOSPITAL TOTAL	20	85	199,075.11	2342.06	.033	9953.76	78.41
ACCOMMODATIONS	20	85	49,338.03	580.45	.033	2466.90	19.43
ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.004	2313.00	.91
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	47,025.03	627.00	.030	2351.25	18.52
ANCILLARIES	20	0	149,737.08	.00	.000	7486.85	58.97
INPATIENT CROSSOVERS	22	0	18,951.02	.00	.000	861.41	7.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	341	2,537	53,237.48	20.98	.999	156.12	20.97
MEDICAL	99	148	5,806.10	39.23	.058	58.65	2.29
SURGERY	24	27	1,696.11	62.82	.011	70.67	.67
PATHOLOGY	104	586	6,199.96	10.58	.231	59.62	2.44

RADIOLOGY	51	69	4,312.90	62.51	.027	84.57	1.70
ROOM USE	128	192	7,124.62	37.11	.076	55.66	2.81
CROSSOVERS/ALL OTH OUTPTNT	193	1,515	28,097.79	18.55	.597	145.58	11.07
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,439
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	2,539 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	370	2,628	\$	280,979.78	\$ 106.92	1.035	\$ 759.40	\$ 110.67
COMM HOSP INPATIENT TOTAL	45	91		227,742.30	2502.66	.036	5060.94	89.70
HSC HOSPITALS	3	6		9,716.17	1619.36	.002	3238.72	3.83
NON-HSC HOSPITALS TOTAL	20	85		199,075.11	2342.06	.033	9953.76	78.41
ACCOMMODATIONS	20	85		49,338.03	580.45	.033	2466.90	19.43
ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.004	2313.00	.91
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75		47,025.03	627.00	.030	2351.25	18.52
ANCILLARIES	20	0		149,737.08	.00	.000	7486.85	58.97
INPATIENT CROSSOVERS	22	0		18,951.02	.00	.000	861.41	7.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	341	2,537		53,237.48	20.98	.999	156.12	20.97
MEDICAL	99	148		5,806.10	39.23	.058	58.65	2.29
SURGERY	24	27		1,696.11	62.82	.011	70.67	.67
PATHOLOGY	104	586		6,199.96	10.58	.231	59.62	2.44
RADIOLOGY	51	69		4,312.90	62.51	.027	84.57	1.70
ROOM USE	128	192		7,124.62	37.11	.076	55.66	2.81
CROSSOVERS/ALL OTH OUTPTNT	193	1,515		28,097.79	18.55	.597	145.58	11.07
@STATE HOSPITAL	24	731	\$	379,245.25	\$ 518.80	.288	\$ 15801.89	\$ 149.37
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	731		379,245.25	518.80	.288	15801.89	149.37
@NURSING FACILITY	29	642	\$	105,554.60	\$ 164.42	.253	\$ 3639.81	\$ 41.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	29	642		105,554.60	164.42	.253	3639.81	41.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	59	1,056	\$ 118,225.19	\$ 111.96	.416	\$ 2003.82	\$ 46.56
HOSPITAL BASED	7	156	63,539.66	407.31	.061	9077.09	25.03
HEMODIALYSIS CENTER	52	900	54,685.53	60.76	.354	1051.64	21.54
@REHABILITATION FACILITY	22	247	\$ 3,583.85	\$ 14.51	.097	\$ 162.90	\$ 1.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	22	247	3,583.85	14.51	.097	162.90	1.41
@LABORATORY FACILITY	44	269	\$ 3,180.50	\$ 11.82	.106	\$ 72.28	\$ 1.25
PATHOLOGY	43	267	3,162.85	11.85	.105	73.55	1.25
XO AND OTHERS	1	2	17.65	8.83	.001	17.65	.01
@ORGANIZED OUTPATIENT CLINIC	137	213	\$ 18,734.96	\$ 87.96	.084	\$ 136.75	\$ 7.38
CLINIC	4	9	551.42	61.27	.004	137.86	.22
SURGICENTER	3	3	453.88	151.29	.001	151.29	.18
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	131	201	17,729.66	88.21	.079	135.34	6.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

PAGE 15,440
03/14/05

2,539 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	391	32,614	\$	166,854.50	\$	5.12	12.845	\$	426.74	\$ 65.72
DURABLE MED. EQUIP.	66	218		34,481.39		158.17	.086		522.45	13.58
BLOOD BANK	0	0		.00		.00	.000		.00	.00
HEARING AID DISPENSERS	1	1		551.31		551.31	.000		551.31	.22
MEDICAL TRANSPORTATION	88	15,419		49,245.19		3.19	6.073		559.60	19.40
AMBULANCES/AIR TRANS	25	142		3,147.24		22.16	.056		125.89	1.24
OTHER TRANS	62	15,276		46,070.34		3.02	6.017		743.07	18.15
OTHER SERVICES	1	1		27.61		27.61	.000		27.61	.01
ACUPUNCTURE	4	14		248.70		17.76	.006		62.18	.10

ADULT DAY HEALTH CARE CTR	14	121	8,419.18	69.58	.048	601.37	3.32
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	51	229	18,416.91	80.42	.090	361.12	7.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36	90	1,938.90	21.54	.035	53.86	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45	10,666.53	237.03	.018	820.50	4.20
PROSTHETICS	13	45	10,666.53	237.03	.018	820.50	4.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	23	669.81	29.12	.009	167.45	.26
SPEECH AND AUDIOLOGY	7	12	1,839.25	153.27	.005	262.75	.72
HOSPICE SERVICES	1	112	16,740.64	149.47	.044	16740.64	6.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	1,125	11,853.98	10.54	.443	207.96	4.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	136	15,204	11,677.71	.77	5.988	85.87	4.60
@CALIF. CHILDREN SERVICES*	102	5,550	\$ 204,014.11	\$ 36.76	2.186	\$ 2000.14	\$ 80.35
@XOVER EXCLUDING STATE HOSP**	410	6,228	\$ 105,593.74	\$ 16.95	2.453	\$ 257.55	\$ 41.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,441
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

99,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	81,080	1,781,323	\$ 95,377,138.76	\$ 53.54	17.937 \$ 1176.33 \$ 960.42
@PHYSICIANS SERVICES	19,674	102,635	\$ 2,906,266.77	\$ 28.32	1.034 \$ 147.72 \$ 29.27
OUTPATIENT VISITS	8,804	12,708	526,824.25	41.46	.128 59.84 5.30
OFFICE VISITS	5,156	6,890	219,205.64	31.82	.069 42.51 2.21
HOME VISITS	122	158	8,826.00	55.86	.002 72.34 .09
EMERGENCY ROOM	3,386	4,794	275,208.04	57.41	.048 81.28 2.77
PREVENTIVE CARE	15	15	620.84	41.39	.000 41.39 .01
OB VISITS/COMPRE PERI	19	33	2,323.33	70.40	.000 122.28 .02
OTHER OUTPATIENT	705	818	20,640.40	25.23	.008 29.28 .21
INPATIENT VISITS	1,535	6,762	337,256.06	49.88	.068 219.71 3.40
HOSPITAL VISITS	1,144	5,534	249,396.08	45.07	.056 218.00 2.51
CRITICAL CARE	172	562	66,807.68	118.87	.006 388.42 .67
SNF/ICF/TRANS IP CARE	370	666	21,052.30	31.61	.007 56.90 .21
OPHTHALMOLOGICAL SERVICES	524	684	27,919.71	40.82	.007 53.28 .28
EXAMINATIONS	523	683	27,852.57	40.78	.007 53.26 .28
SERVICES AND MATERIALS	1	1	67.14	67.14	.000 67.14 .00
INPATIENT HOSPITAL SURGERY	582	3,757	299,592.43	79.74	.038 514.76 3.02
PRINCIPAL SURGEON	410	615	224,592.10	365.19	.006 547.79 2.26
ASSISTANT SURGEON	38	38	8,136.26	214.11	.000 214.11 .08
ANESTHESIOLOGIST	236	3,104	66,864.07	21.54	.031 283.32 .67
OUTPATIENT SURGERY	1,471	4,194	293,111.86	69.89	.042 199.26 2.95
PRINCIPAL SURGEON	1,190	1,577	237,109.72	150.35	.016 199.25 2.39
ASSISTANT SURGEON	9	9	1,037.11	115.23	.000 115.23 .01
ANESTHESIOLOGIST	363	2,608	54,965.03	21.08	.026 151.42 .55
DIALYSIS	159	206	36,769.17	178.49	.002 231.25 .37
PATHOLOGY	1,282	3,453	54,545.00	15.80	.035 42.55 .55

99,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	2,072	6,241	\$ 125,468.42	\$ 20.10	.063	\$	60.55	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	786	848	35,860.57	42.29	.009		45.62	.36
EYE APPLIANCES	1,714	5,155	81,887.67	15.89	.052		47.78	.82
OTHER OPTOMETRIC SERVICES	161	238	7,720.18	32.44	.002		47.95	.08
@CHIROPRACTOR	208	542	\$ 8,800.77	\$ 16.24	.005	\$	42.31	\$.09
VISITS	190	507	8,381.07	16.53	.005		44.11	.08
OTHER SERVICES	18	35	419.70	11.99	.000		23.32	.00
@PODIATRIST	1,111	1,987	\$ 24,017.63	\$ 12.09	.020	\$	21.62	\$.24
MEDICINE/INJECTIONS	257	323	8,328.33	25.78	.003		32.41	.08
SURGERY/ANES.	14	16	1,285.98	80.37	.000		91.86	.01
RADIO./PATHOLOGY	5	5	100.34	20.07	.000		20.07	.00
OTHER	845	1,643	14,302.98	8.71	.017		16.93	.14
@HOME HEALTH AGENCY	412	17,538	\$ 576,506.34	\$ 32.87	.177	\$	1399.29	\$ 5.81
NURSE ANESTHESIST	2	7	234.83	\$ 33.55	.000	\$	117.42	\$.00
NURSE MIDWIFE	65	407	7,437.32	\$ 18.27	.004	\$	114.42	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	13	15	456.07	\$ 30.40	.000	\$	35.08	\$.00
@TOTAL HOSPITAL	17,715	89,437	\$ 14,386,629.30	\$ 160.86	.901	\$	812.12	\$ 144.87
HOSP INPATIENT TOTAL	1,434	5,783	12,015,216.43	2077.68	.058		8378.81	120.99
HSC HOSPITALS	190	1,304	1,981,275.64	1519.38	.013		10427.77	19.95
NON-HSC HOSPITAL TOTAL	723	4,479	9,470,838.15	2114.50	.045		13099.36	95.37
ACCOMMODATIONS	721	4,479	2,685,131.16	599.49	.045		3724.18	27.04
ADMINISTRATIVE DAYS	14	241	49,671.68	206.11	.002		3547.98	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	709	4,238	2,635,459.48	621.86	.043		3717.15	26.54
ANCILLARIES	723	0	6,785,706.99	.00	.000		9385.49	68.33

INPATIENT CROSSOVERS	553	0	563,102.64	.00	.000	1018.27	5.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16,909	83,654	2,371,412.87	28.35	.842	140.25	23.88
MEDICAL	6,384	10,411	384,945.56	36.97	.105	60.30	3.88
SURGERY	1,354	1,535	75,057.36	48.90	.015	55.43	.76
PATHOLOGY	5,152	23,252	289,758.26	12.46	.234	56.24	2.92
RADIOLOGY	3,422	5,171	464,367.63	89.80	.052	135.70	4.68
ROOM USE	8,326	12,334	466,853.97	37.85	.124	56.07	4.70
CROSSOVERS/ALL OTH OUTPTNT	7,490	30,951	690,430.09	22.31	.312	92.18	6.95
@COUNTY HOSPITAL TOTAL	75	357	\$ 57,700.47	\$ 161.63	.004	\$ 769.34	\$.58
CO HOSPITAL INPATIENT TOTAL	13	49	49,285.83	1005.83	.000	3791.22	.50
HSC HOSPITALS	13	37	43,198.00	1167.51	.000	3322.92	.43
NON-HSC HOSPITALS TOTAL	2	12	6,087.83	507.32	.000	3043.92	.06
ACCOMMODATIONS	2	12	2,775.60	231.30	.000	1387.80	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	12	2,775.60	231.30	.000	1387.80	.03
ANCILLARIES	2	0	3,312.23	.00	.000	1656.12	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	308	8,414.64	27.32	.003	129.46	.08
MEDICAL	23	37	1,207.72	32.64	.000	52.51	.01
SURGERY	6	6	474.71	79.12	.000	79.12	.00
PATHOLOGY	22	127	2,304.72	18.15	.001	104.76	.02
RADIOLOGY	10	17	940.17	55.30	.000	94.02	.01
ROOM USE	42	67	2,683.47	40.05	.001	63.89	.03
CROSSOVERS/ALL OTH OUTPTNT	30	54	803.85	14.89	.001	26.80	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,443
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
99,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	17,661	89,080	\$ 14,328,928.83	\$ 160.85	.897	\$ 811.33	\$ 144.29	
COMM HOSP INPATIENT TOTAL	1,421	5,734	11,965,930.60	2086.84	.058	8420.78	120.49	
HSC HOSPITALS	177	1,267	1,938,077.64	1529.66	.013	10949.59	19.52	
NON-HSC HOSPITALS TOTAL	721	4,467	9,464,750.32	2118.82	.045	13127.25	95.31	
ACCOMMODATIONS	719	4,467	2,682,355.56	600.48	.045	3730.68	27.01	
ADMINISTRATIVE DAYS	14	241	49,671.68	206.11	.002	3547.98	.50	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	707	4,226	2,632,683.88	622.97	.043	3723.74	26.51	
ANCILLARIES	721	0	6,782,394.76	.00	.000	9406.93	68.30	
INPATIENT CROSSOVERS	553	0	563,102.64	.00	.000	1018.27	5.67	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	16,861	83,346	2,362,998.23	28.35	.839	140.15	23.79	
MEDICAL	6,365	10,374	383,737.84	36.99	.104	60.29	3.86	
SURGERY	1,348	1,529	74,582.65	48.78	.015	55.33	.75	
PATHOLOGY	5,136	23,125	287,453.54	12.43	.233	55.97	2.89	
RADIOLOGY	3,414	5,154	463,427.46	89.92	.052	135.74	4.67	
ROOM USE	8,297	12,267	464,170.50	37.84	.124	55.94	4.67	
CROSSOVERS/ALL OTH OUTPTNT	7,464	30,897	689,626.24	22.32	.311	92.39	6.94	
@STATE HOSPITAL	1,918	59,552	\$ 32,325,654.69	\$ 542.81	.600	\$ 16853.83	\$ 325.51	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	1,918	59,552	32,325,654.69	542.81	.600	16853.83	325.51	
@NURSING FACILITY	1,053	28,104	\$ 4,452,621.34	\$ 158.43	.283	\$ 4228.51	\$ 44.84	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	301	10,070		1,428,810.99	141.89	.101	4746.88	14.39
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	529		300,046.27	567.20	.005	18752.89	3.02
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	736	17,505		2,723,764.08	155.60	.176	3700.77	27.43
@INTERMEDIATE CARE FACIL.-DD	493	15,190	\$	3,164,819.23	\$ 208.35	.153	\$ 6419.51	\$ 31.87
ICF DDH	265	8,327		1,413,202.39	169.71	.084	5332.84	14.23
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	228	6,863		1,751,616.84	255.23	.069	7682.53	17.64
@HEMODIALYSIS TOTAL	665	18,222	\$	835,485.73	\$ 45.85	.183	\$ 1256.37	\$ 8.41
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	665	18,222		835,485.73	45.85	.183	1256.37	8.41
@REHABILITATION FACILITY	437	5,661	\$	87,860.53	\$ 15.52	.057	\$ 201.05	\$.88
HOSPITAL BASED	64	602		12,559.07	20.86	.006	196.24	.13
INDEPENDENT FACILITY	373	5,059		75,301.46	14.88	.051	201.88	.76
@LABORATORY FACILITY	4,489	18,317	\$	260,312.09	\$ 14.21	.184	\$ 57.99	\$ 2.62
PATHOLOGY	4,451	18,194		259,246.79	14.25	.183	58.24	2.61
XO AND OTHERS	38	123		1,065.30	8.66	.001	28.03	.01
@ORGANIZED OUTPATIENT CLINIC	12,750	25,685	\$	2,373,183.98	\$ 92.40	.259	\$ 186.13	\$ 23.90
CLINIC	453	1,371		37,334.38	27.23	.014	82.42	.38
SURGICENTER	120	376		30,783.95	81.87	.004	256.53	.31
HEROIN DETOX CLINIC	48	670		8,169.12	12.19	.007	170.19	.08
RURAL HEALTH CLINIC	12,191	23,268		2,296,896.53	98.71	.234	188.41	23.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,444
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

99,308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,354	467,126	\$ 3,718,095.10	\$ 7.96	4.704	\$ 327.47	\$ 37.44
DURABLE MED. EQUIP.	1,356	5,273	915,003.32	173.53	.053	674.78	9.21
BLOOD BANK	15	19	2,868.75	150.99	.000	191.25	.03
HEARING AID DISPENSERS	82	127	17,493.65	137.75	.001	213.34	.18
MEDICAL TRANSPORTATION	2,082	116,951	534,997.62	4.57	1.178	256.96	5.39
AMBULANCES/AIR TRANS	1,291	9,802	197,102.57	20.11	.099	152.67	1.98
OTHER TRANS	706	106,983	326,021.38	3.05	1.077	461.79	3.28
OTHER SERVICES	109	166	11,873.67	71.53	.002	108.93	.12
ACUPUNCTURE	142	369	6,222.67	16.86	.004	43.82	.06
ADULT DAY HEALTH CARE CTR	162	1,850	128,341.11	69.37	.019	792.23	1.29
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	600	28,561	981,449.57	34.36	.288	1635.75	9.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,920	4,422	49,821.40	11.27	.045	25.95	.50
PHYSICAL THERAPIST	74	355	4,496.61	12.67	.004	60.77	.05
PORTABLE X-RAY	50	99	1,460.27	14.75	.001	29.21	.01
PROSTHETIST/ORTHOTISTS	193	798	118,809.03	148.88	.008	615.59	1.20
PROSTHETICS	193	798	118,809.03	148.88	.008	615.59	1.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	178	542	13,077.25	24.13	.005	73.47	.13
SPEECH AND AUDIOLOGY	948	3,061	145,916.33	47.67	.031	153.92	1.47
HOSPICE SERVICES	67	2,223	326,512.84	146.88	.022	4873.33	3.29
NONINST BIRTHING CENTERS	2	2	1,500.00	750.00	.000	750.00	.02
LOCAL EDUCATION AGENCIES	1,213	29,386	240,758.90	8.19	.296	198.48	2.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,392	273,072		227,685.78		.83	2.750	67.12	2.29
@CALIF. CHILDREN SERVICES*	1,694	97,318	\$	2,495,359.60	\$	25.64	.980	\$ 1473.06	\$ 25.13
@XOVER EXCLUDING STATE HOSP**	11,967	138,363	\$	2,085,025.62	\$	15.07	1.393	\$ 174.23	\$ 21.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,445

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
77,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	39,081	172,559	\$ 10,389,712.31	\$ 60.21	2.217	\$ 265.85	\$ 133.50	
@PHYSICIANS SERVICES	11,480	24,632	\$ 1,087,907.22	\$ 44.17	.317	\$ 94.77	\$ 13.98	
OUTPATIENT VISITS	8,563	11,086	397,346.79	35.84	.142	46.40	5.11	
OFFICE VISITS	4,585	5,698	162,081.50	28.45	.073	35.35	2.08	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	3,402	3,927	185,121.88	47.14	.050	54.42	2.38	
PREVENTIVE CARE	137	138	5,573.21	40.39	.002	40.68	.07	
OB VISITS/COMPRE PERI	199	502	24,720.70	49.24	.006	124.22	.32	
OTHER OUTPATIENT	726	821	19,849.50	24.18	.011	27.34	.26	
INPATIENT VISITS	467	1,404	110,176.34	78.47	.018	235.92	1.42	
HOSPITAL VISITS	447	1,098	53,485.34	48.71	.014	119.65	.69	
CRITICAL CARE	49	302	56,536.40	187.21	.004	1153.80	.73	
SNF/ICF/TRANS IP CARE	3	4	154.60	38.65	.000	51.53	.00	
OPHTHALMOLOGICAL SERVICES	121	150	6,884.80	45.90	.002	56.90	.09	
EXAMINATIONS	119	149	6,822.76	45.79	.002	57.33	.09	
SERVICES AND MATERIALS	2	1	62.04	62.04	.000	31.02	.00	
INPATIENT HOSPITAL SURGERY	497	2,587	235,670.61	91.10	.033	474.19	3.03	
PRINCIPAL SURGEON	319	373	186,178.40	499.14	.005	583.63	2.39	
ASSISTANT SURGEON	30	30	5,807.61	193.59	.000	193.59	.07	
ANESTHESIOLOGIST	224	2,184	43,684.60	20.00	.028	195.02	.56	

OUTPATIENT SURGERY	874	2,143	118,864.67	55.47	.028	136.00	1.53
PRINCIPAL SURGEON	738	923	92,782.89	100.52	.012	125.72	1.19
ASSISTANT SURGEON	3	3	287.43	95.81	.000	95.81	.00
ANESTHESIOLOGIST	175	1,217	25,794.35	21.20	.016	147.40	.33
DIALYSIS	5	7	741.48	105.93	.000	148.30	.01
PATHOLOGY	995	1,893	25,723.91	13.59	.024	25.85	.33
RADIOLOGY	2,610	3,869	112,595.17	29.10	.050	43.14	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	156	280	30,152.68	107.69	.004	193.29	.39
OTHER SERVICES/ALL X-OVERS	685	1,213	49,750.77	41.01	.016	72.63	.64
@PHARMACY	16,266	45,029	\$ 1,993,642.26	\$ 44.27	.579	\$ 122.56	\$ 25.62
PRESCRIPTION DRUGS	16,156	36,223	1,953,679.60	53.93	.465	120.93	25.10
SNF/ICF	8	17	592.44	34.85	.000	74.06	.01
OUTPATIENTS	16,150	36,206	1,953,087.16	53.94	.465	120.93	25.10
MEDICAL SUPPLIES	507	8,806	39,962.66	4.54	.113	78.82	.51
@DENTIST	4,174	22,006	\$ 644,066.43	\$ 29.27	.283	\$ 154.30	\$ 8.28
VISITS - DIAGNOSTIC	3,140	14,445	211,086.33	14.61	.186	67.22	2.71
ORAL SURGERY	619	1,327	81,423.75	61.36	.017	131.54	1.05
DRUGS	37	39	843.75	21.63	.001	22.80	.01
ANESTHESIA	34	34	3,700.00	108.82	.000	108.82	.05
PERIODONTICS	29	30	3,105.00	103.50	.000	107.07	.04
ENDODONTICS	358	707	68,046.34	96.25	.009	190.07	.87
RESTORATIVE DENTISTRY	1,524	4,886	242,529.85	49.64	.063	159.14	3.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	40	111	15,036.66	135.47	.001	375.92	.19
SPACE MAINTAINERS	33	43	4,936.00	114.79	.001	149.58	.06
MAXILLOFACIAL SERVICES	8	12	700.00	58.33	.000	87.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	192	234	11,908.75	50.89	.003	62.02	.15
ALL OTHER SERVICES	102	138	750.00	5.43	.002	7.35	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,446
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

		----- MONTHLY AVERAGE -----						
77,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	896	2,620	\$ 58,315.14	\$ 22.26	.034	\$ 65.08	\$.75	
DIAGNOSTIC AND ANC. PROCED	646	678	29,293.88	43.21	.009	45.35	.38	
EYE APPLIANCES	665	1,917	27,880.24	14.54	.025	41.93	.36	
OTHER OPTOMETRIC SERVICES	25	25	1,141.02	45.64	.000	45.64	.01	
@CHIROPRACTOR	67	136	\$ 2,273.92	\$ 16.72	.002	\$ 33.94	\$.03	
VISITS	67	136	2,273.92	16.72	.002	33.94	.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	30	46	\$ 1,340.12	\$ 29.13	.001	\$ 44.67	\$.02	
MEDICINE/INJECTIONS	28	34	1,109.12	32.62	.000	39.61	.01	
SURGERY/ANES.	5	7	137.58	19.65	.000	27.52	.00	
RADIO./PATHOLOGY	3	5	93.42	18.68	.000	31.14	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	152	348	\$ 21,762.70	\$ 62.54	.004	\$ 143.18	\$.28	
NURSE ANESTHESIST	1	14	\$ 259.41	\$ 18.53	.000	\$ 259.41	\$.00	
NURSE MIDWIFE	179	1,331	\$ 32,755.60	\$ 24.61	.017	\$ 182.99	\$.42	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	13	17	\$ 408.00	\$ 24.00	.000	\$ 31.38	\$.01	
@TOTAL HOSPITAL	9,743	35,592	\$ 4,301,545.49	\$ 120.86	.457	\$ 441.50	\$ 55.27	
HOSP INPATIENT TOTAL	472	1,858	3,311,461.57	1782.27	.024	7015.81	42.55	
HSC HOSPITALS	56	283	483,310.16	1707.81	.004	8630.54	6.21	

NON-HSC HOSPITAL TOTAL	423	1,575	2,828,151.41	1795.65	.020	6685.94	36.34
ACCOMMODATIONS	421	1,575	989,664.35	628.36	.020	2350.75	12.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	421	1,575	989,664.35	628.36	.020	2350.75	12.72
ANCILLARIES	423	0	1,838,487.06	.00	.000	4346.31	23.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,473	33,734	990,083.92	29.35	.433	104.52	12.72
MEDICAL	3,673	4,944	178,795.05	36.16	.064	48.68	2.30
SURGERY	902	1,076	44,854.37	41.69	.014	49.73	.58
PATHOLOGY	2,497	8,793	104,754.99	11.91	.113	41.95	1.35
RADIOLOGY	2,070	2,741	177,773.63	64.86	.035	85.88	2.28
ROOM USE	7,042	9,133	341,800.58	37.42	.117	48.54	4.39
CROSSOVERS/ALL OTH OUTPTNT	2,980	7,047	142,105.30	20.17	.091	47.69	1.83
@COUNTY HOSPITAL TOTAL	24	103	\$ 7,253.16	\$ 70.42	.001	\$ 302.22	\$.09
CO HOSPITAL INPATIENT TOTAL	2	3	3,330.02	1110.01	.000	1665.01	.04
HSC HOSPITALS	2	3	3,330.02	1110.01	.000	1665.01	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	100	3,923.14	39.23	.001	170.57	.05
MEDICAL	9	11	561.89	51.08	.000	62.43	.01
SURGERY	6	10	303.60	30.36	.000	50.60	.00
PATHOLOGY	4	26	544.42	20.94	.000	136.11	.01
RADIOLOGY	2	3	104.37	34.79	.000	52.19	.00
ROOM USE	17	26	1,306.56	50.25	.000	76.86	.02
CROSSOVERS/ALL OTH OUTPTNT	10	24	1,102.30	45.93	.000	110.23	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,447
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
77,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9,726	35,489	\$ 4,294,292.33	\$ 121.00	.456	\$ 441.53	\$ 55.18	
COMM HOSP INPATIENT TOTAL	470	1,855	3,308,131.55	1783.36	.024	7038.58	42.51	
HSC HOSPITALS	54	280	479,980.14	1714.21	.004	8888.52	6.17	
NON-HSC HOSPITALS TOTAL	423	1,575	2,828,151.41	1795.65	.020	6685.94	36.34	
ACCOMMODATIONS	421	1,575	989,664.35	628.36	.020	2350.75	12.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	421	1,575	989,664.35	628.36	.020	2350.75	12.72	
ANCILLARIES	423	0	1,838,487.06	.00	.000	4346.31	23.62	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	9,456	33,634	986,160.78	29.32	.432	104.29	12.67	
MEDICAL	3,665	4,933	178,233.16	36.13	.063	48.63	2.29	
SURGERY	896	1,066	44,550.77	41.79	.014	49.72	.57	
PATHOLOGY	2,493	8,767	104,210.57	11.89	.113	41.80	1.34	
RADIOLOGY	2,069	2,738	177,669.26	64.89	.035	85.87	2.28	
ROOM USE	7,029	9,107	340,494.02	37.39	.117	48.44	4.38	

CROSSOVERS/ALL OTH OUTPTNT	2,970	7,023		141,003.00	20.08	.090	47.48	1.81
@STATE HOSPITAL	0	0	\$	.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	2	\$	473.64	236.82	.000	\$ 473.64	\$.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	2		473.64	236.82	.000	473.64	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	387	\$	7,305.03	18.88	.005	\$ 3652.52	\$.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	387		7,305.03	18.88	.005	3652.52	.09
@REHABILITATION FACILITY	26	256	\$	3,923.20	15.33	.003	\$ 150.89	\$.05
HOSPITAL BASED	7	20		833.14	41.66	.000	119.02	.01
INDEPENDENT FACILITY	19	236		3,090.06	13.09	.003	162.63	.04
@LABORATORY FACILITY	2,343	6,463	\$	97,110.66	15.03	.083	\$ 41.45	\$ 1.25
PATHOLOGY	2,343	6,463		97,110.66	15.03	.083	41.45	1.25
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9,261	15,560	\$	1,861,839.62	119.66	.200	\$ 201.04	\$ 23.92
CLINIC	866	2,498		76,788.12	30.74	.032	88.67	.99
SURGICENTER	8	60		2,359.03	39.32	.001	294.88	.03
HEROIN DETOX CLINIC	10	115		1,405.51	12.22	.001	140.55	.02
RURAL HEALTH CLINIC	8,424	12,887		1,781,286.96	138.22	.166	211.45	22.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,448
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
77,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,162	18,120	\$ 274,783.87	\$ 15.16	.233	\$ 86.90	\$ 3.53	
DURABLE MED. EQUIP.	93	214	13,819.97	64.58	.003	148.60	.18	
BLOOD BANK	2	4	612.00	153.00	.000	306.00	.01	
HEARING AID DISPENSERS	2	2	1,971.98	985.99	.000	985.99	.03	
MEDICAL TRANSPORTATION	344	3,476	75,293.86	21.66	.045	218.88	.97	
AMBULANCES/AIR TRANS	337	3,192	55,350.28	17.34	.041	164.24	.71	
OTHER TRANS	5	272	658.70	2.42	.003	131.74	.01	
OTHER SERVICES	12	12	19,284.88	1607.07	.000	1607.07	.25	
ACUPUNCTURE	14	42	727.19	17.31	.001	51.94	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	45	45	4,653.00	103.40	.001	103.40	.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	703	1,524	13,384.76	8.78	.020	19.04	.17	
PHYSICAL THERAPIST	9	43	809.54	18.83	.001	89.95	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	21	56	9,401.86	167.89	.001	447.71	.12	
PROSTHETICS	21	56	9,401.86	167.89	.001	447.71	.12	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	12	65	3,561.38	54.79	.001	296.78	.05	
SPEECH AND AUDIOLOGY	74	164	7,095.59	43.27	.002	95.89	.09	

HOSPICE SERVICES	1	20	2,989.40	149.47	.000	2989.40	.04
NONINST BIRTHING CENTERS	5	5	4,776.72	955.34	.000	955.34	.06
LOCAL EDUCATION AGENCIES	1,763	12,253	128,998.90	10.53	.157	73.17	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	115	207	6,687.72	32.31	.003	58.15	.09
@CALIF. CHILDREN SERVICES*	351	8,621	\$ 853,242.93	\$ 98.97	.111	\$ 2430.89	\$ 10.96
@XOVER EXCLUDING STATE HOSP**	11	19	\$ 453.28	\$ 23.86	.000	\$ 41.21	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,449
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL		

202,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138,744	2,419,602	\$ 115,731,049.72	\$ 47.83	11.976	\$ 834.13	\$ 572.83
@PHYSICIANS SERVICES	34,646	139,737	\$ 4,214,259.07	\$ 30.16	.692	\$ 121.64	\$ 20.86
OUTPATIENT VISITS	17,644	24,218	940,423.17	38.83	.120	53.30	4.65
OFFICE VISITS	9,966	12,906	390,661.10	30.27	.064	39.20	1.93
HOME VISITS	123	159	8,860.30	55.73	.001	72.03	.04
EMERGENCY ROOM	6,859	8,816	466,853.91	52.96	.044	68.06	2.31
PREVENTIVE CARE	153	154	6,237.90	40.51	.001	40.77	.03
OB VISITS/COMPRE PERI	218	535	27,044.03	50.55	.003	124.06	.13
OTHER OUTPATIENT	1,441	1,648	40,765.93	24.74	.008	28.29	.20
INPATIENT VISITS	2,044	8,322	453,042.47	54.44	.041	221.65	2.24
HOSPITAL VISITS	1,630	6,776	307,602.84	45.40	.034	188.71	1.52
CRITICAL CARE	224	874	124,191.48	142.10	.004	554.43	.61
SNF/ICF/TRANS IP CARE	375	672	21,248.15	31.62	.003	56.66	.11
OPHTHALMOLOGICAL SERVICES	693	891	37,361.47	41.93	.004	53.91	.18
EXAMINATIONS	690	889	37,232.29	41.88	.004	53.96	.18
SERVICES AND MATERIALS	3	2	129.18	64.59	.000	43.06	.00
INPATIENT HOSPITAL SURGERY	1,096	6,431	544,013.56	84.59	.032	496.36	2.69
PRINCIPAL SURGEON	740	1,004	417,377.57	415.71	.005	564.02	2.07
ASSISTANT SURGEON	70	71	14,487.23	204.05	.000	206.96	.07
ANESTHESIOLOGIST	467	5,356	112,148.76	20.94	.027	240.15	.56
OUTPATIENT SURGERY	2,385	6,455	424,134.99	65.71	.032	177.83	2.10
PRINCIPAL SURGEON	1,956	2,533	339,497.73	134.03	.013	173.57	1.68
ASSISTANT SURGEON	14	14	1,526.33	109.02	.000	109.02	.01
ANESTHESIOLOGIST	550	3,908	83,110.93	21.27	.019	151.11	.41
DIALYSIS	168	221	37,865.98	171.34	.001	225.39	.19
PATHOLOGY	2,319	5,442	81,580.42	14.99	.027	35.18	.40
RADIOLOGY	7,312	12,849	536,644.02	41.77	.064	73.39	2.66
PSYCHIATRY	6	7	205.28	29.33	.000	34.21	.00
IMMUNIZATION AND INJECTION	639	6,468	361,150.73	55.84	.032	565.18	1.79
OTHER SERVICES/ALL X-OVERS	11,612	68,433	797,836.98	11.66	.339	68.71	3.95
@PHARMACY	94,798	1,274,052	\$ 35,825,157.36	\$ 28.12	6.306	\$ 377.91	\$ 177.32
PRESCRIPTION DRUGS	93,406	378,420	34,941,366.18	92.33	1.873	374.08	172.95
SNF/ICF	2,249	16,065	1,455,122.22	90.58	.080	647.01	7.20
OUTPATIENTS	91,321	362,355	33,486,243.96	92.41	1.794	366.69	165.75
MEDICAL SUPPLIES	7,987	895,632	883,791.18	.99	4.433	110.65	4.37
@DENTIST	9,484	43,836	\$ 1,449,163.31	\$ 33.06	.217	\$ 152.80	\$ 7.17
VISITS - DIAGNOSTIC	6,905	28,138	394,162.92	14.01	.139	57.08	1.95
ORAL SURGERY	1,450	3,803	224,222.25	58.96	.019	154.64	1.11

DRUGS	49	53	968.75	18.28	.000	19.77	.00
ANESTHESIA	59	59	5,800.00	98.31	.000	98.31	.03
PERIODONTICS	248	282	29,041.50	102.98	.001	117.10	.14
ENDODONTICS	539	964	118,546.59	122.97	.005	219.94	.59
RESTORATIVE DENTISTRY	2,858	8,226	430,903.80	52.38	.041	150.77	2.13
PROSTHETICS	42	47	1,090.00	23.19	.000	25.95	.01
DENTURES, STAYPLATES	593	1,636	221,366.03	135.31	.008	373.30	1.10
SPACE MAINTAINERS	35	45	5,176.00	115.02	.000	147.89	.03
MAXILLOFACIAL SERVICES	19	27	2,245.47	83.17	.000	118.18	.01
FRACTURES, DISLOCATIONS	1	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	234	304	14,743.75	48.50	.002	63.01	.07
ALL OTHER SERVICES	206	251	896.25	3.57	.001	4.35	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,450
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

202,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,360	10,047	\$ 206,040.85	\$ 20.51	.050	\$ 61.32	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	1,473	1,567	66,999.91	42.76	.008	45.49	.33
EYE APPLIANCES	2,723	8,130	128,487.88	15.80	.040	47.19	.64
OTHER OPTOMETRIC SERVICES	235	350	10,553.06	30.15	.002	44.91	.05
@CHIROPRACTOR	279	688	\$ 11,233.53	\$ 16.33	.003	\$ 40.26	\$.06
VISITS	258	649	10,746.95	16.56	.003	41.65	.05
OTHER SERVICES	21	39	486.58	12.48	.000	23.17	.00
@PODIATRIST	1,647	3,200	\$ 35,129.42	\$ 10.98	.016	\$ 21.33	\$.17
MEDICINE/INJECTIONS	295	370	9,815.85	26.53	.002	33.27	.05
SURGERY/ANES.	19	23	1,423.56	61.89	.000	74.92	.01
RADIO./PATHOLOGY	8	10	193.76	19.38	.000	24.22	.00
OTHER	1,341	2,797	23,696.25	8.47	.014	17.67	.12
@HOME HEALTH AGENCY	582	19,903	\$ 658,391.05	\$ 33.08	.099	\$ 1131.26	\$ 3.26
NURSE ANESTHESIST	4	21	\$ 494.24	\$ 23.54	.000	\$ 123.56	\$.00

NURSE MIDWIFE	244	1,738	\$	40,192.92	\$	23.13	.009	\$	164.73	\$	.20
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	26	32	\$	864.07	\$	27.00	.000	\$	33.23	\$	.00
@TOTAL HOSPITAL	29,859	135,097	\$	20,196,193.21	\$	149.49	.669	\$	676.39	\$	99.96
HOSP INPATIENT TOTAL	2,266	8,110		16,614,850.08		2048.69	.040		7332.24		82.24
HSC HOSPITALS	263	1,677		2,584,505.41		1541.15	.008		9827.02		12.79
NON-HSC HOSPITAL TOTAL	1,222	6,433		13,225,872.04		2055.94	.032		10823.14		65.46
ACCOMMODATIONS	1,218	6,433		3,959,946.00		615.57	.032		3251.19		19.60
ADMINISTRATIVE DAYS	17	255		52,713.51		206.72	.001		3100.79		.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,205	6,178		3,907,232.49		632.44	.031		3242.52		19.34
ANCILLARIES	1,222	0		9,265,926.04		.00	.000		7582.59		45.86
INPATIENT CROSSOVERS	821	0		804,472.63		.00	.000		979.87		3.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	28,542	126,987		3,581,343.13		28.20	.629		125.48		17.73
MEDICAL	10,301	15,685		574,761.11		36.64	.078		55.80		2.84
SURGERY	2,293	2,652		122,291.38		46.11	.013		53.33		.61
PATHOLOGY	7,796	32,793		402,581.18		12.28	.162		51.64		1.99
RADIOLOGY	5,567	8,016		649,209.29		80.99	.040		116.62		3.21
ROOM USE	15,559	21,736		818,783.09		37.67	.108		52.62		4.05
CROSSOVERS/ALL OTH OUTPTNT	12,320	46,105		1,013,717.08		21.99	.228		82.28		5.02
@COUNTY HOSPITAL TOTAL	101	464	\$	65,256.41	\$	140.64	.002	\$	646.10	\$	.32
CO HOSPITAL INPATIENT TOTAL	15	52		52,615.85		1011.84	.000		3507.72		.26
HSC HOSPITALS	15	40		46,528.02		1163.20	.000		3101.87		.23
NON-HSC HOSPITALS TOTAL	2	12		6,087.83		507.32	.000		3043.92		.03
ACCOMMODATIONS	2	12		2,775.60		231.30	.000		1387.80		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	12		2,775.60		231.30	.000		1387.80		.01
ANCILLARIES	2	0		3,312.23		.00	.000		1656.12		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	90	412		12,640.56		30.68	.002		140.45		.06
MEDICAL	32	48		1,769.61		36.87	.000		55.30		.01
SURGERY	14	18		1,009.71		56.10	.000		72.12		.00
PATHOLOGY	26	153		2,849.14		18.62	.001		109.58		.01
RADIOLOGY	12	20		1,044.54		52.23	.000		87.05		.01
ROOM USE	61	95		4,061.41		42.75	.000		66.58		.02
CROSSOVERS/ALL OTH OUTPTNT	40	78		1,906.15		24.44	.000		47.65		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,451
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	202,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	29,786	134,633	\$	20,130,936.80	\$	149.52	.666	\$	99.64
COMM HOSP INPATIENT TOTAL	2,251	8,058		16,562,234.23		2055.38	.040		81.98
HSC HOSPITALS	248	1,637		2,537,977.39		1550.38	.008		12.56
NON-HSC HOSPITALS TOTAL	1,220	6,421		13,219,784.21		2058.84	.032		65.43
ACCOMMODATIONS	1,216	6,421		3,957,170.40		616.29	.032		19.59
ADMINISTRATIVE DAYS	17	255		52,713.51		206.72	.001		.26
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	1,203	6,166		3,904,456.89		633.22	.031		19.33
ANCILLARIES	1,220	0		9,262,613.81		.00	.000		45.85
INPATIENT CROSSOVERS	821	0		804,472.63		.00	.000		3.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00

COMM HOSP OUTPATIENT TOTAL	28,475	126,575		3,568,702.57		28.19	.627	125.33	17.66
MEDICAL	10,274	15,637		572,991.50		36.64	.077	55.77	2.84
SURGERY	2,279	2,634		121,281.67		46.04	.013	53.22	.60
PATHOLOGY	7,776	32,640		399,732.04		12.25	.162	51.41	1.98
RADIOLOGY	5,558	7,996		648,164.75		81.06	.040	116.62	3.21
ROOM USE	15,515	21,641		814,721.68		37.65	.107	52.51	4.03
CROSSOVERS/ALL OTH OUTPTNT	12,284	46,027		1,011,810.93		21.98	.228	82.37	5.01
@STATE HOSPITAL	1,965	61,014	\$	33,074,015.88	\$	542.07	.302	\$ 16831.56	\$ 163.71
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	1,965	61,014		33,074,015.88		542.07	.302	16831.56	163.71
@NURSING FACILITY	1,547	38,558	\$	6,158,810.83	\$	159.73	.191	\$ 3981.13	\$ 30.48
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	307	10,210		1,446,335.59		141.66	.051	4711.19	7.16
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	529		300,046.27		567.20	.003	18752.89	1.49
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,224	27,819		4,412,428.97		158.61	.138	3604.93	21.84
@INTERMEDIATE CARE FACIL.-DD	493	15,190	\$	3,164,819.23	\$	208.35	.075	\$ 6419.51	\$ 15.66
ICF DDH	265	8,327		1,413,202.39		169.71	.041	5332.84	6.99
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	228	6,863		1,751,616.84		255.23	.034	7682.53	8.67
@HEMODIALYSIS TOTAL	790	19,759	\$	1,010,310.58	\$	51.13	.098	\$ 1278.87	\$ 5.00
HOSPITAL BASED	7	156		63,539.66		407.31	.001	9077.09	.31
HEMODIALYSIS CENTER	783	19,603		946,770.92		48.30	.097	1209.16	4.69
@REHABILITATION FACILITY	485	6,164	\$	95,367.58	\$	15.47	.031	\$ 196.63	\$.47
HOSPITAL BASED	71	622		13,392.21		21.53	.003	188.62	.07
INDEPENDENT FACILITY	414	5,542		81,975.37		14.79	.027	198.01	.41
@LABORATORY FACILITY	6,940	25,162	\$	361,876.61	\$	14.38	.125	\$ 52.14	\$ 1.79
PATHOLOGY	6,893	25,013		360,652.57		14.42	.124	52.32	1.79
XO AND OTHERS	47	149		1,224.04		8.22	.001	26.04	.01
@ORGANIZED OUTPATIENT CLINIC	23,807	44,195	\$	4,393,091.49	\$	99.40	.219	\$ 184.53	\$ 21.74
CLINIC	1,325	3,880		114,723.19		29.57	.019	86.58	.57
SURGICENTER	193	509		46,353.89		91.07	.003	240.18	.23
HEROIN DETOX CLINIC	58	785		9,574.63		12.20	.004	165.08	.05
RURAL HEALTH CLINIC	22,345	39,021		4,222,439.78		108.21	.193	188.97	20.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,452
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL								

		----- MONTHLY AVERAGE -----						
202,033 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	17,705	581,209	\$ 4,835,638.49	\$ 8.32	2.877	\$ 273.12	\$ 23.93	
DURABLE MED. EQUIP.	1,619	6,006	1,011,751.56	168.46	.030	624.92	5.01	
BLOOD BANK	17	23	3,480.75	151.34	.000	204.75	.02	
HEARING AID DISPENSERS	157	243	37,718.90	155.22	.001	240.25	.19	
MEDICAL TRANSPORTATION	2,695	141,963	691,847.02	4.87	.703	256.72	3.42	
AMBULANCES/AIR TRANS	1,662	13,253	256,761.50	19.37	.066	154.49	1.27	
OTHER TRANS	912	128,463	403,388.44	3.14	.636	442.31	2.00	
OTHER SERVICES	156	247	31,697.08	128.33	.001	203.19	.16	
ACUPUNCTURE	199	534	9,135.14	17.11	.003	45.91	.05	
ADULT DAY HEALTH CARE CTR	238	2,731	189,675.89	69.45	.014	796.96	.94	
GENETIC DISEASE TESTING	62	62	6,438.00	103.84	.000	103.84	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,465	33,751	1,296,604.14	38.42	.167	885.05	6.42	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,046	6,945	75,978.66	10.94	.034	24.94	.38	
PHYSICAL THERAPIST	84	402	5,308.96	13.21	.002	63.20	.03	

PORTABLE X-RAY	74	137	1,484.30	10.83	.001	20.06	.01
PROSTHETIST/ORTHOTISTS	229	901	138,918.28	154.18	.004	606.63	.69
PROSTHETICS	229	901	138,918.28	154.18	.004	606.63	.69
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	200	648	17,534.55	27.06	.003	87.67	.09
SPEECH AND AUDIOLOGY	1,127	3,441	169,396.62	49.23	.017	150.31	.84
HOSPICE SERVICES	120	3,458	491,963.82	142.27	.017	4099.70	2.44
NONINST BIRTHING CENTERS	7	7	6,276.72	896.67	.000	896.67	.03
LOCAL EDUCATION AGENCIES	3,033	42,764	381,611.78	8.92	.212	125.82	1.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,023	337,193	300,513.40	.89	1.669	59.83	1.49
@CALIF. CHILDREN SERVICES*	2,150	111,492	\$ 3,552,721.64	\$ 31.87	.552	\$ 1652.43	\$ 17.58
@XOVER EXCLUDING STATE HOSP**	17,933	181,395	\$ 3,089,799.25	\$ 17.03	.898	\$ 172.30	\$ 15.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,453
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

18,590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,440	274,865	\$ 6,752,193.37	\$ 24.57	14.786	\$ 502.40	\$ 363.22
@PHYSICIANS SERVICES	2,504	9,608	\$ 277,169.49	\$ 28.85	.517	\$ 110.69	\$ 14.91
OUTPATIENT VISITS	499	666	28,654.56	43.02	.036	57.42	1.54
OFFICE VISITS	357	479	16,189.55	33.80	.026	45.35	.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	148	172	11,982.21	69.66	.009	80.96	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	14	15	482.80	32.19	.001	34.49	.03
INPATIENT VISITS	98	422	19,182.74	45.46	.023	195.74	1.03
HOSPITAL VISITS	94	403	17,882.94	44.37	.022	190.24	.96
CRITICAL CARE	2	7	851.20	121.60	.000	425.60	.05
SNF/ICF/TRANS IP CARE	8	12	448.60	37.38	.001	56.08	.02
OPHTHALMOLOGICAL SERVICES	78	98	4,175.13	42.60	.005	53.53	.22
EXAMINATIONS	76	96	4,104.55	42.76	.005	54.01	.22
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	42	198	18,087.93	91.35	.011	430.67	.97
PRINCIPAL SURGEON	25	28	13,066.88	466.67	.002	522.68	.70
ASSISTANT SURGEON	6	6	1,097.93	182.99	.000	182.99	.06
ANESTHESIOLOGIST	20	164	3,923.12	23.92	.009	196.16	.21
OUTPATIENT SURGERY	79	177	21,868.89	123.55	.010	276.82	1.18
PRINCIPAL SURGEON	67	81	18,914.61	233.51	.004	282.31	1.02
ASSISTANT SURGEON	4	4	343.65	85.91	.000	85.91	.02
ANESTHESIOLOGIST	20	92	2,610.63	28.38	.005	130.53	.14
DIALYSIS	52	66	13,056.82	197.83	.004	251.09	.70
PATHOLOGY	91	233	4,512.52	19.37	.013	49.59	.24
RADIOLOGY	384	764	40,625.57	53.17	.041	105.80	2.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	309	25,677.60	83.10	.017	675.73	1.38
OTHER SERVICES/ALL X-OVERS	1,715	6,675	101,327.73	15.18	.359	59.08	5.45
@PHARMACY	10,819	168,254	\$ 2,939,246.61	\$ 17.47	9.051	\$ 271.67	\$ 158.11
PRESCRIPTION DRUGS	10,579	41,192	2,849,280.33	69.17	2.216	269.33	153.27

SNF/ICF	308	2,092	121,361.70	58.01	.113	394.03	6.53
OUTPATIENTS	10,299	39,100	2,727,918.63	69.77	2.103	264.87	146.74
MEDICAL SUPPLIES	1,081	127,062	89,966.28	.71	6.835	83.23	4.84
@DENTIST	478	1,781	\$ 82,201.55	\$ 46.15	.096	\$ 171.97	\$ 4.42
VISITS - DIAGNOSTIC	313	992	14,226.50	14.34	.053	45.45	.77
ORAL SURGERY	86	279	14,972.25	53.66	.015	174.10	.81
DRUGS	2	2	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	15	15	1,400.00	93.33	.001	93.33	.08
ENDODONTICS	12	18	4,110.00	228.33	.001	342.50	.22
RESTORATIVE DENTISTRY	89	245	13,598.05	55.50	.013	152.79	.73
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	88	226	33,774.75	149.45	.012	383.80	1.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1CR	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,454
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

18,590 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	229	744	\$	13,388.25	\$ 17.99	.040	\$ 58.46	\$.72
DIAGNOSTIC AND ANC. PROCED	52	58		2,213.32	38.16	.003	42.56	.12
EYE APPLIANCES	197	640		10,243.66	16.01	.034	52.00	.55
OTHER OPTOMETRIC SERVICES	25	46		931.27	20.25	.002	37.25	.05
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	208	353	\$	3,264.90	\$ 9.25	.019	\$ 15.70	\$.18
MEDICINE/INJECTIONS	7	16		410.38	25.65	.001	58.63	.02
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	201	337		2,854.52	8.47	.018	14.20	.15
@HOME HEALTH AGENCY	41	188	\$	13,032.93	\$ 69.32	.010	\$ 317.88	\$.70
NURSE ANESTHESIST	1	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,646	7,025	\$	1,372,244.65	\$ 195.34	.378	\$ 833.68	\$ 73.82
HOSP INPATIENT TOTAL	246	471		1,200,719.64	2549.30	.025	4880.97	64.59
HSC HOSPITALS	11	121		196,287.00	1622.21	.007	17844.27	10.56
NON-HSC HOSPITAL TOTAL	76	350		862,955.43	2465.59	.019	11354.68	46.42
ACCOMMODATIONS	75	350		252,276.29	720.79	.019	3363.68	13.57
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	349		252,044.99	722.19	.019	3406.01	13.56
ANCILLARIES	76	0		610,679.14	.00	.000	8035.25	32.85
INPATIENT CROSSOVERS	160	0		141,477.21	.00	.000	884.23	7.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,487	6,554		171,525.01	26.17	.353	115.35	9.23
MEDICAL	300	471		16,346.99	34.71	.025	54.49	.88
SURGERY	68	77		4,332.00	56.26	.004	63.71	.23
PATHOLOGY	339	1,524		18,548.47	12.17	.082	54.72	1.00

RADIOLOGY	263	396		31,319.70	79.09	.021	119.09	1.68
ROOM USE	313	428		17,606.28	41.14	.023	56.25	.95
CROSSOVERS/ALL OTH OUTPTNT	954	3,658		83,371.57	22.79	.197	87.39	4.48
@COUNTY HOSPITAL TOTAL	10	43	\$	4,876.63	\$ 113.41	.002	\$ 487.66	\$.26
CO HOSPITAL INPATIENT TOTAL	2	3		3,834.00	1278.00	.000	1917.00	.21
HSC HOSPITALS	2	3		3,834.00	1278.00	.000	1917.00	.21
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	40		1,042.63	26.07	.002	130.33	.06
MEDICAL	2	6		354.61	59.10	.000	177.31	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	20		163.73	8.19	.001	81.87	.01
RADIOLOGY	1	2		33.97	16.99	.000	33.97	.00
ROOM USE	2	4		144.38	36.10	.000	72.19	.01
CROSSOVERS/ALL OTH OUTPTNT	7	8		345.94	43.24	.000	49.42	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,455
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						----- MONTHLY AVERAGE -----		
18,590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,636	6,982	\$ 1,367,368.02	\$ 195.84	.376	\$ 835.80	\$ 73.55	
COMM HOSP INPATIENT TOTAL	244	468	1,196,885.64	2557.45	.025	4905.27	64.38	
HSC HOSPITALS	9	118	192,453.00	1630.96	.006	21383.67	10.35	
NON-HSC HOSPITALS TOTAL	76	350	862,955.43	2465.59	.019	11354.68	46.42	
ACCOMMODATIONS	75	350	252,276.29	720.79	.019	3363.68	13.57	

ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	74	349		252,044.99	722.19	.019	3406.01	13.56
ANCILLARIES	76	0		610,679.14	.00	.000	8035.25	32.85
INPATIENT CROSSOVERS	160	0		141,477.21	.00	.000	884.23	7.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,479	6,514		170,482.38	26.17	.350	115.27	9.17
MEDICAL	298	465		15,992.38	34.39	.025	53.67	.86
SURGERY	68	77		4,332.00	56.26	.004	63.71	.23
PATHOLOGY	337	1,504		18,384.74	12.22	.081	54.55	.99
RADIOLOGY	262	394		31,285.73	79.41	.021	119.41	1.68
ROOM USE	311	424		17,461.90	41.18	.023	56.15	.94
CROSSOVERS/ALL OTH OUTPTNT	947	3,650		83,025.63	22.75	.196	87.67	4.47
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	342	7,612	\$	1,228,617.02	161.41	.409	3592.45	66.09
LEV A-INTERMEDIATE	7	271		27,715.91	102.27	.015	3959.42	1.49
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	53		30,743.71	580.07	.003	15371.86	1.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	335	7,288		1,170,157.40	160.56	.392	3493.01	62.95
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	118	3,448	\$	188,600.65	54.70	.185	1598.31	10.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	118	3,448		188,600.65	54.70	.185	1598.31	10.15
@REHABILITATION FACILITY	3	6	\$	156.71	26.12	.000	52.24	.01
HOSPITAL BASED	3	6		156.71	26.12	.000	52.24	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	328	1,776	\$	18,797.84	10.58	.096	57.31	1.01
PATHOLOGY	325	1,769		18,730.33	10.59	.095	57.63	1.01
XO AND OTHERS	3	7		67.51	9.64	.000	22.50	.00
@ORGANIZED OUTPATIENT CLINIC	1,625	2,623	\$	198,632.31	75.73	.141	122.24	10.68
CLINIC	3	9		601.41	66.82	.000	200.47	.03
SURGICENTER	52	79		12,578.66	159.22	.004	241.90	.68
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,572	2,535		185,452.24	73.16	.136	117.97	9.98

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

PAGE 15,456
03/14/05

----- MONTHLY AVERAGE -----								
18,590 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,715	71,446	\$ 416,823.74	\$ 5.83	3.843	\$ 243.05	\$ 22.42	
DURABLE MED. EQUIP.	71	266	43,715.47	164.34	.014	615.71	2.35	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	42	61	13,195.69	216.32	.003	314.18	.71	
MEDICAL TRANSPORTATION	175	21,526	66,175.44	3.07	1.158	378.15	3.56	
AMBULANCES/AIR TRANS	36	240	4,238.16	17.66	.013	117.73	.23	
OTHER TRANS	118	20,965	59,977.61	2.86	1.128	508.28	3.23	
OTHER SERVICES	23	321	1,959.67	6.10	.017	85.20	.11	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	51	541	37,698.46	69.68	.029	739.19	2.03
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	447	2,528	159,153.32	62.96	.136	356.05	8.56
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	226	548	6,132.30	11.19	.029	27.13	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	30	14.60	.49	.002	.81	.00
PROSTHETIST/ORTHOTISTS	5	15	1,490.27	99.35	.001	298.05	.08
PROSTHETICS	5	15	1,490.27	99.35	.001	298.05	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	10	333.16	33.32	.001	55.53	.02
SPEECH AND AUDIOLOGY	58	128	10,235.75	79.97	.007	176.48	.55
HOSPICE SERVICES	22	318	42,348.74	133.17	.017	1924.94	2.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	5	52.00	10.40	.000	26.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	768	45,470	36,278.54	.80	2.446	47.24	1.95
@CALIF. CHILDREN SERVICES*	1	1	\$ 35.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,951	24,731	\$ 541,847.34	\$ 21.91	1.330	\$ 183.61	\$ 29.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,457
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	24	\$ 129.30	\$ 5.39	24.000	\$ 129.30	\$ 129.30
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,458
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,459
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						

PAGE 15,460
03/14/05

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	24	\$ 129.30	\$ 5.39	24.000	\$ 129.30	\$ 129.30
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	129.30	5.39	24.000	129.30	129.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	24	129.30	5.39	24.000	129.30	129.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 15,461
03/14/05

	13,368 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		11,984	280,098	\$ 10,045,467.38	\$ 35.86	20.953	\$ 838.24	\$ 751.46
@PHYSICIANS SERVICES		2,751	18,952	\$ 497,961.47	\$ 26.27	1.418	\$ 181.01	\$ 37.25
OUTPATIENT VISITS		789	1,141	45,027.82	39.46	.085	57.07	3.37
OFFICE VISITS		585	835	26,257.27	31.45	.062	44.88	1.96
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		201	251	17,378.19	69.24	.019	86.46	1.30
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		51	55	1,392.36	25.32	.004	27.30	.10
INPATIENT VISITS		230	1,340	63,203.49	47.17	.100	274.80	4.73
HOSPITAL VISITS		210	1,193	48,643.52	40.77	.089	231.64	3.64
CRITICAL CARE		33	123	13,744.49	111.74	.009	416.50	1.03
SNF/ICF/TRANS IP CARE		17	24	815.48	33.98	.002	47.97	.06
OPHTHALMOLOGICAL SERVICES		65	81	3,117.45	38.49	.006	47.96	.23
EXAMINATIONS		65	81	3,117.45	38.49	.006	47.96	.23
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		103	905	49,807.63	55.04	.068	483.57	3.73
PRINCIPAL SURGEON		71	107	37,682.72	352.17	.008	530.74	2.82
ASSISTANT SURGEON		7	9	2,054.71	228.30	.001	293.53	.15
ANESTHESIOLOGIST		38	789	10,070.20	12.76	.059	265.01	.75

OUTPATIENT SURGERY	157	392		43,244.93	110.32	.029	275.45	3.23
PRINCIPAL SURGEON	131	197		37,795.51	191.86	.015	288.52	2.83
ASSISTANT SURGEON	2	2		192.48	96.24	.000	96.24	.01
ANESTHESIOLOGIST	30	193		5,256.94	27.24	.014	175.23	.39
DIALYSIS	111	181		31,875.08	176.11	.014	287.16	2.38
PATHOLOGY	185	676		7,694.91	11.38	.051	41.59	.58
RADIOLOGY	531	1,206		60,527.47	50.19	.090	113.99	4.53
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	93	1,127		82,172.36	72.91	.084	883.57	6.15
OTHER SERVICES/ALL X-OVERS	1,623	11,903		111,290.33	9.35	.890	68.57	8.33
@PHARMACY	9,593	103,378	\$	4,681,606.33	\$ 45.29	7.733	\$ 488.02	\$ 350.21
PRESCRIPTION DRUGS	9,424	42,972		4,570,723.32	106.37	3.215	485.01	341.92
SNF/ICF	108	706		48,858.32	69.20	.053	452.39	3.65
OUTPATIENTS	9,334	42,266		4,521,865.00	106.99	3.162	484.45	338.26
MEDICAL SUPPLIES	969	60,406		110,883.01	1.84	4.519	114.43	8.29
@DENTIST	598	2,429	\$	98,430.95	\$ 40.52	.182	\$ 164.60	\$ 7.36
VISITS - DIAGNOSTIC	404	1,384		20,274.26	14.65	.104	50.18	1.52
ORAL SURGERY	100	298		16,204.24	54.38	.022	162.04	1.21
DRUGS	3	3		25.00	8.33	.000	8.33	.00
ANESTHESIA	3	3		300.00	100.00	.000	100.00	.02
PERIODONTICS	26	28		2,821.00	100.75	.002	108.50	.21
ENDODONTICS	27	31		6,985.00	225.32	.002	258.70	.52
RESTORATIVE DENTISTRY	170	462		27,249.45	58.98	.035	160.29	2.04
PROSTHETICS	4	4		90.00	22.50	.000	22.50	.01
DENTURES, STAYPLATES	67	207		24,482.00	118.27	.015	365.40	1.83
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	9		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,462
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
13,368 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	220	648	\$ 12,589.57	\$ 19.43	.048	\$ 57.23	\$.94	
DIAGNOSTIC AND ANC. PROCED	60	63	2,636.67	41.85	.005	43.94	.20	
EYE APPLIANCES	183	550	8,901.89	16.19	.041	48.64	.67	
OTHER OPTOMETRIC SERVICES	24	35	1,051.01	30.03	.003	43.79	.08	
@CHIROPRACTOR	7	19	286.03	\$ 15.05	.001	\$ 40.86	\$.02	
VISITS	5	14	234.08	16.72	.001	46.82	.02	
OTHER SERVICES	2	5	51.95	10.39	.000	25.98	.00	
@PODIATRIST	101	174	\$ 1,895.32	\$ 10.89	.013	\$ 18.77	\$.14	
MEDICINE/INJECTIONS	4	5	186.40	37.28	.000	46.60	.01	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	97	169	1,708.92	10.11	.013	17.62	.13	
@HOME HEALTH AGENCY	164	16,481	\$ 503,676.01	\$ 30.56	1.233	\$ 3071.20	\$ 37.68	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	1,976	10,033	\$ 2,226,672.83	\$ 221.93	.751	\$ 1126.86	\$ 166.57	
HOSP INPATIENT TOTAL	229	812	1,973,861.91	2430.86	.061	8619.48	147.66	
HSC HOSPITALS	21	170	229,904.00	1352.38	.013	10947.81	17.20	

NON-HSC HOSPITAL TOTAL	100	642	1,643,119.20	2559.38	.048	16431.19	122.91
ACCOMMODATIONS	100	642	414,276.53	645.29	.048	4142.77	30.99
ADMINISTRATIVE DAYS	1	7	578.25	82.61	.001	578.25	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	635	413,698.28	651.49	.048	4178.77	30.95
ANCILLARIES	100	0	1,228,842.67	.00	.000	12288.43	91.92
INPATIENT CROSSOVERS	110	0	100,838.71	.00	.000	916.72	7.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,831	9,221	252,810.92	27.42	.690	138.07	18.91
MEDICAL	454	704	28,756.93	40.85	.053	63.34	2.15
SURGERY	129	143	8,163.45	57.09	.011	63.28	.61
PATHOLOGY	447	2,325	24,866.54	10.70	.174	55.63	1.86
RADIOLOGY	300	455	46,923.37	103.13	.034	156.41	3.51
ROOM USE	547	816	34,962.46	42.85	.061	63.92	2.62
CROSSOVERS/ALL OTH OUTPTNT	1,117	4,778	109,138.17	22.84	.357	97.71	8.16
@COUNTY HOSPITAL TOTAL	8	74	\$ 64,884.52	\$ 876.82	.006	\$ 8110.57	\$ 4.85
CO HOSPITAL INPATIENT TOTAL	3	54	64,177.24	1188.47	.004	21392.41	4.80
HSC HOSPITALS	3	42	56,784.00	1352.00	.003	18928.00	4.25
NON-HSC HOSPITALS TOTAL	1	12	7,393.24	616.10	.001	7393.24	.55
ACCOMMODATIONS	1	12	2,775.60	231.30	.001	2775.60	.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	12	2,775.60	231.30	.001	2775.60	.21
ANCILLARIES	1	0	4,617.64	.00	.000	4617.64	.35
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	20	707.28	35.36	.001	101.04	.05
MEDICAL	2	3	108.57	36.19	.000	54.29	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	20.04	20.04	.000	20.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	5	296.22	59.24	.000	74.06	.02
CROSSOVERS/ALL OTH OUTPTNT	4	11	282.45	25.68	.001	70.61	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,463
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

13,368 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,970	9,959	\$ 2,161,788.31	\$ 217.07	.745	\$ 1097.35	\$ 161.71
COMM HOSP INPATIENT TOTAL	227	758	1,909,684.67	2519.37	.057	8412.71	142.85
HSC HOSPITALS	18	128	173,120.00	1352.50	.010	9617.78	12.95
NON-HSC HOSPITALS TOTAL	100	630	1,635,725.96	2596.39	.047	16357.26	122.36
ACCOMMODATIONS	100	630	411,500.93	653.18	.047	4115.01	30.78
ADMINISTRATIVE DAYS	1	7	578.25	82.61	.001	578.25	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	623	410,922.68	659.59	.047	4150.73	30.74
ANCILLARIES	100	0	1,224,225.03	.00	.000	12242.25	91.58
INPATIENT CROSSOVERS	110	0	100,838.71	.00	.000	916.72	7.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,824	9,201	252,103.64	27.40	.688	138.21	18.86
MEDICAL	452	701	28,648.36	40.87	.052	63.38	2.14
SURGERY	129	143	8,163.45	57.09	.011	63.28	.61
PATHOLOGY	446	2,324	24,846.50	10.69	.174	55.71	1.86
RADIOLOGY	300	455	46,923.37	103.13	.034	156.41	3.51
ROOM USE	543	811	34,666.24	42.75	.061	63.84	2.59

CROSSOVERS/ALL OTH OUTPTNT	1,113	4,767		108,855.72	22.84	.357	97.80	8.14
@STATE HOSPITAL	5	152	\$	119,240.54	\$ 784.48	.011	\$ 23848.11	\$ 8.92
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152		119,240.54	784.48	.011	23848.11	8.92
@NURSING FACILITY	82	1,873	\$	486,216.35	\$ 259.59	.140	\$ 5929.47	\$ 36.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	16	573		79,456.00	138.67	.043	4966.00	5.94
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	473		260,664.20	551.09	.035	26066.42	19.50
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	827		146,096.15	176.66	.062	2356.39	10.93
@INTERMEDIATE CARE FACIL.-DD	13	364	\$	68,262.90	\$ 187.54	.027	\$ 5250.99	\$ 5.11
ICF DDH	1	0		2,245.85	.00	.000	2245.85	.17
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	364		66,017.05	181.37	.027	5501.42	4.94
@HEMODIALYSIS TOTAL	297	13,880	\$	538,548.89	\$ 38.80	1.038	\$ 1813.30	\$ 40.29
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	297	13,880		538,548.89	38.80	1.038	1813.30	40.29
@REHABILITATION FACILITY	84	1,220	\$	18,927.88	\$ 15.51	.091	\$ 225.33	\$ 1.42
HOSPITAL BASED	15	241		4,766.97	19.78	.018	317.80	.36
INDEPENDENT FACILITY	70	979		14,160.91	14.46	.073	202.30	1.06
@LABORATORY FACILITY	436	2,737	\$	34,152.89	\$ 12.48	.205	\$ 78.33	\$ 2.55
PATHOLOGY	418	2,662		33,724.82	12.67	.199	80.68	2.52
XO AND OTHERS	18	75		428.07	5.71	.006	23.78	.03
@ORGANIZED OUTPATIENT CLINIC	1,803	3,732	\$	266,012.90	\$ 71.28	.279	\$ 147.54	\$ 19.90
CLINIC	40	109		2,855.19	26.19	.008	71.38	.21
SURGICENTER	19	37		4,128.32	111.58	.003	217.28	.31
HEROIN DETOX CLINIC	10	117		1,436.22	12.28	.009	143.62	.11
RURAL HEALTH CLINIC	1,747	3,469		257,593.17	74.26	.260	147.45	19.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

PAGE 15,464
03/14/05

----- MONTHLY AVERAGE -----								
13,368 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,390	104,026	\$ 490,986.52	\$ 4.72	7.782	\$ 353.23	\$ 36.73	
DURABLE MED. EQUIP.	149	530	103,330.93	194.96	.040	693.50	7.73	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	12	17	1,191.17	70.07	.001	99.26	.09	
MEDICAL TRANSPORTATION	289	48,387	155,683.91	3.22	3.620	538.70	11.65	
AMBULANCES/AIR TRANS	86	766	14,242.50	18.59	.057	165.61	1.07	
OTHER TRANS	188	47,578	132,390.04	2.78	3.559	704.20	9.90	
OTHER SERVICES	21	43	9,051.37	210.50	.003	431.02	.68	
ACUPUNCTURE	16	47	775.47	16.50	.004	48.47	.06	
ADULT DAY HEALTH CARE CTR	13	192	13,369.80	69.63	.014	1028.45	1.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	45	440	21,378.82	48.59	.033	475.08	1.60	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	213	489	5,425.31	11.09	.037	25.47	.41	
PHYSICAL THERAPIST	8	41	527.82	12.87	.003	65.98	.04	
PORTABLE X-RAY	1	2	38.68	19.34	.000	38.68	.00	
PROSTHETIST/ORTHOTISTS	20	110	15,936.12	144.87	.008	796.81	1.19	
PROSTHETICS	20	110	15,936.12	144.87	.008	796.81	1.19	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	15	91	742.70	8.16	.007	49.51	.06	
SPEECH AND AUDIOLOGY	44	135	7,133.39	52.84	.010	162.12	.53	

HOSPICE SERVICES	24	411	60,459.90	147.10	.031	2519.16	4.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	111	4,512	35,486.95	7.87	.338	319.70	2.65
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.088	5689.86	2.13
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	547	47,447	40,951.25	.86	3.549	74.87	3.06
@CALIF. CHILDREN SERVICES*	166	5,064	\$ 137,053.07	\$ 27.06	.379	\$ 825.62	\$ 10.25
@XOVER EXCLUDING STATE HOSP**	2,396	33,397	\$ 474,033.70	\$ 14.19	2.498	\$ 197.84	\$ 35.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,465
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

194,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	71,801	351,464	\$ 25,158,720.31	\$ 71.58	1.811	\$ 350.40	\$ 129.62
@PHYSICIANS SERVICES	21,913	55,075	\$ 2,712,537.73	\$ 49.25	.284	\$ 123.79	\$ 13.98
OUTPATIENT VISITS	14,123	18,640	695,560.09	37.32	.096	49.25	3.58
OFFICE VISITS	7,679	9,794	282,268.23	28.82	.050	36.76	1.45
HOME VISITS	1	2	50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	5,604	6,533	321,241.89	49.17	.034	57.32	1.66
PREVENTIVE CARE	174	178	6,941.15	39.00	.001	39.89	.04
OB VISITS/COMPRE PERI	460	1,028	57,494.21	55.93	.005	124.99	.30
OTHER OUTPATIENT	980	1,105	27,564.21	24.94	.006	28.13	.14
INPATIENT VISITS	1,356	4,514	295,503.64	65.46	.023	217.92	1.52
HOSPITAL VISITS	1,274	3,502	161,897.54	46.23	.018	127.08	.83
CRITICAL CARE	173	1,010	133,538.60	132.22	.005	771.90	.69
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.000	33.75	.00
OPHTHALMOLOGICAL SERVICES	312	378	16,472.93	43.58	.002	52.80	.08

EXAMINATIONS	308	377	16,344.94	43.36	.002	53.07	.08
SERVICES AND MATERIALS	4	1	127.99	127.99	.000	32.00	.00
INPATIENT HOSPITAL SURGERY	1,510	7,709	704,842.80	91.43	.040	466.78	3.63
PRINCIPAL SURGEON	931	1,130	538,661.05	476.69	.006	578.58	2.78
ASSISTANT SURGEON	126	132	22,514.82	170.57	.001	178.69	.12
ANESTHESIOLOGIST	703	6,447	143,666.93	22.28	.033	204.36	.74
OUTPATIENT SURGERY	1,800	4,582	287,184.85	62.68	.024	159.55	1.48
PRINCIPAL SURGEON	1,460	1,869	222,017.64	118.79	.010	152.07	1.14
ASSISTANT SURGEON	27	27	2,529.63	93.69	.000	93.69	.01
ANESTHESIOLOGIST	424	2,686	62,637.58	23.32	.014	147.73	.32
DIALYSIS	61	85	17,773.60	209.10	.000	291.37	.09
PATHOLOGY	2,115	3,976	70,224.34	17.66	.020	33.20	.36
RADIOLOGY	5,720	8,699	321,369.81	36.94	.045	56.18	1.66
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	317	2,381	105,108.24	44.14	.012	331.57	.54
OTHER SERVICES/ALL X-OVERS	1,895	4,110	198,468.25	48.29	.021	104.73	1.02
@PHARMACY	29,777	82,203	\$ 3,751,981.72	\$ 45.64	.424	\$ 126.00	\$ 19.33
PRESCRIPTION DRUGS	29,523	66,519	3,656,083.54	54.96	.343	123.84	18.84
SNF/ICF	12	57	20,204.68	354.47	.000	1683.72	.10
OUTPATIENTS	29,512	66,462	3,635,878.86	54.71	.342	123.20	18.73
MEDICAL SUPPLIES	1,025	15,684	95,898.18	6.11	.081	93.56	.49
@DENTIST	6,820	34,583	\$ 1,041,809.92	\$ 30.12	.178	\$ 152.76	\$ 5.37
VISITS - DIAGNOSTIC	5,001	22,045	312,528.01	14.18	.114	62.49	1.61
ORAL SURGERY	1,023	2,359	141,265.50	59.88	.012	138.09	.73
DRUGS	48	56	961.68	17.17	.000	20.04	.00
ANESTHESIA	53	54	4,500.00	83.33	.000	84.91	.02
PERIODONTICS	100	106	9,302.22	87.76	.001	93.02	.05
ENDODONTICS	589	1,190	126,746.15	106.51	.006	215.19	.65
RESTORATIVE DENTISTRY	2,537	7,792	387,961.50	49.79	.040	152.92	2.00
PROSTHETICS	13	12	300.00	25.00	.000	23.08	.00
DENTURES, STAYPLATES	88	373	35,146.00	94.23	.002	399.39	.18
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02
MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	213	255	15,079.94	59.14	.001	70.80	.08
ALL OTHER SERVICES	202	280	1,161.00	4.15	.001	5.75	.01

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	194,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,420	4,329	\$	97,053.33	\$ 22.42	.022	\$ 68.35	\$.50
DIAGNOSTIC AND ANC. PROCED	1,009	1,080		45,733.69	42.35	.006	45.33	.24
EYE APPLIANCES	1,060	3,177		47,716.69	15.02	.016	45.02	.25
OTHER OPTOMETRIC SERVICES	66	72		3,602.95	50.04	.000	54.59	.02
@CHIROPRACTOR	123	289	\$	4,727.91	\$ 16.36	.001	\$ 38.44	\$.02
VISITS	121	286		4,690.13	16.40	.001	38.76	.02
OTHER SERVICES	2	3		37.78	12.59	.000	18.89	.00
@PODIATRIST	31	45	\$	1,498.97	\$ 33.31	.000	\$ 48.35	\$.01
MEDICINE/INJECTIONS	28	34		1,193.80	35.11	.000	42.64	.01
SURGERY/ANES.	3	3		65.95	21.98	.000	21.98	.00
RADIO./PATHOLOGY	4	6		131.48	21.91	.000	32.87	.00
OTHER	1	2		107.74	53.87	.000	107.74	.00
@HOME HEALTH AGENCY	335	747	\$	46,327.28	\$ 62.02	.004	\$ 138.29	\$.24
NURSE ANESTHESIST	8	148	\$	2,204.95	\$ 14.90	.001	\$ 275.62	\$.01

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	583	4,250	\$	141,133.65	\$	33.21	.022	\$	242.08	\$	.73
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7	19	\$	415.29	\$	21.86	.000	\$	59.33	\$	.00
@TOTAL HOSPITAL	19,186	77,269	\$	12,922,987.29	\$	167.25	.398	\$	673.56	\$	66.58
HOSP INPATIENT TOTAL	1,443	6,337		10,840,534.55		1710.67	.033		7512.50		55.85
HSC HOSPITALS	151	1,074		1,739,925.09		1620.04	.006		11522.68		8.96
NON-HSC HOSPITAL TOTAL	1,298	5,263		9,092,752.16		1727.67	.027		7005.20		46.85
ACCOMMODATIONS	1,296	5,263		3,369,823.84		640.29	.027		2600.17		17.36
ADMINISTRATIVE DAYS	3	31		7,170.30		231.30	.000		2390.10		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,293	5,232		3,362,653.54		642.71	.027		2600.66		17.32
ANCILLARIES	1,298	0		5,722,928.32		.00	.000		4409.04		29.48
INPATIENT CROSSOVERS	8	0		7,857.30		.00	.000		982.16		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18,318	70,932		2,082,452.74		29.36	.365		113.68		10.73
MEDICAL	6,566	9,020		315,000.03		34.92	.046		47.97		1.62
SURGERY	1,812	2,187		99,763.16		45.62	.011		55.06		.51
PATHOLOGY	5,830	20,693		258,319.70		12.48	.107		44.31		1.33
RADIOLOGY	4,476	6,010		406,212.36		67.59	.031		90.75		2.09
ROOM USE	12,053	16,084		606,121.90		37.68	.083		50.29		3.12
CROSSOVERS/ALL OTH OUTPTNT	6,066	16,938		397,035.59		23.44	.087		65.45		2.05
@COUNTY HOSPITAL TOTAL	66	361	\$	152,550.33	\$	422.58	.002	\$	2311.37	\$	.79
CO HOSPITAL INPATIENT TOTAL	6	105		141,724.00		1349.75	.001		23620.67		.73
HSC HOSPITALS	6	105		141,724.00		1349.75	.001		23620.67		.73
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	61	256		10,826.33		42.29	.001		177.48		.06
MEDICAL	22	28		1,203.03		42.97	.000		54.68		.01
SURGERY	11	18		584.81		32.49	.000		53.16		.00
PATHOLOGY	17	69		1,730.20		25.08	.000		101.78		.01
RADIOLOGY	12	17		1,263.13		74.30	.000		105.26		.01
ROOM USE	40	73		3,830.22		52.47	.000		95.76		.02
CROSSOVERS/ALL OTH OUTPTNT	28	51		2,214.94		43.43	.000		79.11		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,467
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	194,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	19,132	76,908	\$	12,770,436.96	\$	166.05	.396	\$	667.49	\$	65.79
COMM HOSP INPATIENT TOTAL	1,438	6,232		10,698,810.55		1716.75	.032		7440.06		55.12
HSC HOSPITALS	145	969		1,598,201.09		1649.33	.005		11022.08		8.23
NON-HSC HOSPITALS TOTAL	1,298	5,263		9,092,752.16		1727.67	.027		7005.20		46.85
ACCOMMODATIONS	1,296	5,263		3,369,823.84		640.29	.027		2600.17		17.36
ADMINISTRATIVE DAYS	3	31		7,170.30		231.30	.000		2390.10		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,293	5,232		3,362,653.54		642.71	.027		2600.66		17.32
ANCILLARIES	1,298	0		5,722,928.32		.00	.000		4409.04		29.48
INPATIENT CROSSOVERS	8	0		7,857.30		.00	.000		982.16		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	18,268	70,676		2,071,626.41		29.31	.364	113.40	10.67
MEDICAL	6,544	8,992		313,797.00		34.90	.046	47.95	1.62
SURGERY	1,802	2,169		99,178.35		45.73	.011	55.04	.51
PATHOLOGY	5,814	20,624		256,589.50		12.44	.106	44.13	1.32
RADIOLOGY	4,466	5,993		404,949.23		67.57	.031	90.67	2.09
ROOM USE	12,018	16,011		602,291.68		37.62	.082	50.12	3.10
CROSSOVERS/ALL OTH OUTPTNT	6,040	16,887		394,820.65		23.38	.087	65.37	2.03
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	4	36	\$	4,627.36	\$	128.54	.000	1156.84	.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	1	3		360.81		120.27	.000	360.81	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	5		2,765.75		553.15	.000	2765.75	.01
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2	28		1,500.80		53.60	.000	750.40	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	128	4,825	\$	200,752.86	\$	41.61	.025	1568.38	1.03
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	128	4,825		200,752.86		41.61	.025	1568.38	1.03
@REHABILITATION FACILITY	82	1,152	\$	17,942.78	\$	15.58	.006	218.81	.09
HOSPITAL BASED	10	73		2,038.33		27.92	.000	203.83	.01
INDEPENDENT FACILITY	72	1,079		15,904.45		14.74	.006	220.90	.08
@LABORATORY FACILITY	5,851	17,214	\$	256,959.90	\$	14.93	.089	43.92	1.32
PATHOLOGY	5,844	17,197		256,723.24		14.93	.089	43.93	1.32
XO AND OTHERS	8	17		236.66		13.92	.000	29.58	.00
@ORGANIZED OUTPATIENT CLINIC	18,770	33,714	\$	3,450,493.41	\$	102.35	.174	183.83	17.78
CLINIC	1,570	5,750		176,208.19		30.64	.030	112.23	.91
SURGICENTER	38	171		6,801.47		39.77	.001	178.99	.04
HEROIN DETOX CLINIC	23	276		3,388.16		12.28	.001	147.31	.02
RURAL HEALTH CLINIC	17,218	27,517		3,264,095.59		118.62	.142	189.57	16.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,468
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	194,099 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,635	35,566	\$	505,265.96	\$ 14.21	.183	\$ 109.01	\$ 2.60
DURABLE MED. EQUIP.	196	583		65,490.21	112.33	.003	334.13	.34
BLOOD BANK	2	3		420.75	140.25	.000	210.38	.00
HEARING AID DISPENSERS	11	31		9,059.01	292.23	.000	823.55	.05
MEDICAL TRANSPORTATION	673	10,042		142,828.96	14.22	.052	212.23	.74
AMBULANCES/AIR TRANS	658	5,721		102,614.30	17.94	.029	155.95	.53
OTHER TRANS	12	4,292		8,313.87	1.94	.022	692.82	.04
OTHER SERVICES	21	29		31,900.79	1100.03	.000	1519.09	.16
ACUPUNCTURE	51	135		2,307.27	17.09	.001	45.24	.01
ADULT DAY HEALTH CARE CTR	1	9		636.66	70.74	.000	636.66	.00
GENETIC DISEASE TESTING	271	271		28,359.00	104.65	.001	104.65	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2		399.45	199.73	.000	399.45	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,153	2,548		23,137.68	9.08	.013	20.07	.12
PHYSICAL THERAPIST	20	104		1,522.93	14.64	.001	76.15	.01

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	79	304	50,979.83	167.70	.002	645.31	.26
PROSTHETICS	79	304	50,979.83	167.70	.002	645.31	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	25	950.25	38.01	.000	95.03	.00
SPEECH AND AUDIOLOGY	130	296	18,247.54	61.65	.002	140.37	.09
HOSPICE SERVICES	2	13	1,132.15	87.09	.000	566.08	.01
NONINST BIRTHING CENTERS	28	28	27,322.29	975.80	.000	975.80	.14
LOCAL EDUCATION AGENCIES	1,879	12,318	125,826.25	10.21	.063	66.96	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	196	8,854	6,645.73	.75	.046	33.91	.03
@CALIF. CHILDREN SERVICES*	849	13,196	\$ 2,658,679.19	\$ 201.48	.068	\$ 3131.54	\$ 13.70
@XOVER EXCLUDING STATE HOSP**	307	1,845	\$ 71,441.01	\$ 38.72	.010	\$ 232.71	\$.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,469
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

226,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	97,226	906,451	\$ 41,956,510.36	\$ 46.29	4.010	\$ 431.54	\$ 185.60
@PHYSICIANS SERVICES	27,168	83,635	\$ 3,487,668.69	\$ 41.70	.370	\$ 128.37	\$ 15.43
OUTPATIENT VISITS	15,411	20,447	769,242.47	37.62	.090	49.92	3.40
OFFICE VISITS	8,621	11,108	324,715.05	29.23	.049	37.67	1.44
HOME VISITS	1	2	50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	5,953	6,956	350,602.29	50.40	.031	58.90	1.55
PREVENTIVE CARE	174	178	6,941.15	39.00	.001	39.89	.03
OB VISITS/COMPRE PERI	460	1,028	57,494.21	55.93	.005	124.99	.25
OTHER OUTPATIENT	1,045	1,175	29,439.37	25.05	.005	28.17	.13
INPATIENT VISITS	1,684	6,276	377,889.87	60.21	.028	224.40	1.67
HOSPITAL VISITS	1,578	5,098	228,424.00	44.81	.023	144.76	1.01
CRITICAL CARE	208	1,140	148,134.29	129.94	.005	712.18	.66
SNF/ICF/TRANS IP CARE	27	38	1,331.58	35.04	.000	49.32	.01
OPHTHALMOLOGICAL SERVICES	455	557	23,765.51	42.67	.002	52.23	.11
EXAMINATIONS	449	554	23,566.94	42.54	.002	52.49	.10
SERVICES AND MATERIALS	6	3	198.57	66.19	.000	33.10	.00
INPATIENT HOSPITAL SURGERY	1,655	8,812	772,738.36	87.69	.039	466.91	3.42
PRINCIPAL SURGEON	1,027	1,265	589,410.65	465.94	.006	573.91	2.61
ASSISTANT SURGEON	139	147	25,667.46	174.61	.001	184.66	.11
ANESTHESIOLOGIST	761	7,400	157,660.25	21.31	.033	207.18	.70
OUTPATIENT SURGERY	2,036	5,151	352,298.67	68.39	.023	173.03	1.56
PRINCIPAL SURGEON	1,658	2,147	278,727.76	129.82	.009	168.11	1.23
ASSISTANT SURGEON	33	33	3,065.76	92.90	.000	92.90	.01
ANESTHESIOLOGIST	474	2,971	70,505.15	23.73	.013	148.75	.31
DIALYSIS	224	332	62,705.50	188.87	.001	279.94	.28
PATHOLOGY	2,391	4,885	82,431.77	16.87	.022	34.48	.36
RADIOLOGY	6,635	10,669	422,522.85	39.60	.047	63.68	1.87
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	448	3,817	212,958.20	55.79	.017	475.35	.94
OTHER SERVICES/ALL X-OVERS	5,233	22,688	411,086.31	18.12	.100	78.56	1.82
@PHARMACY	50,189	353,835	\$ 11,372,834.66	\$ 32.14	1.565	\$ 226.60	\$ 50.31
PRESCRIPTION DRUGS	49,526	150,683	11,076,087.19	73.51	.667	223.64	49.00

SNF/ICF	428	2,855	190,424.70	66.70	.013	444.92	.84
OUTPATIENTS	49,145	147,828	10,885,662.49	73.64	.654	221.50	48.15
MEDICAL SUPPLIES	3,075	203,152	296,747.47	1.46	.899	96.50	1.31
@DENTIST	7,896	38,793	\$ 1,222,442.42	\$ 31.51	.172	\$ 154.82	\$ 5.41
VISITS - DIAGNOSTIC	5,718	24,421	347,028.77	14.21	.108	60.69	1.54
ORAL SURGERY	1,209	2,936	172,441.99	58.73	.013	142.63	.76
DRUGS	53	61	986.68	16.18	.000	18.62	.00
ANESTHESIA	56	57	4,800.00	84.21	.000	85.71	.02
PERIODONTICS	141	149	13,523.22	90.76	.001	95.91	.06
ENDODONTICS	628	1,239	137,841.15	111.25	.005	219.49	.61
RESTORATIVE DENTISTRY	2,796	8,499	428,809.00	50.45	.038	153.37	1.90
PROSTHETICS	22	21	510.00	24.29	.000	23.18	.00
DENTURES, STAYPLATES	243	806	93,402.75	115.88	.004	384.37	.41
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02
MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	213	255	15,079.94	59.14	.001	70.80	.07
ALL OTHER SERVICES	217	288	1,161.00	4.03	.001	5.35	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,470
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
226,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,869	5,721	\$ 123,031.15	\$ 21.51	.025	\$ 65.83	\$.54	
DIAGNOSTIC AND ANC. PROCED	1,121	1,201	50,583.68	42.12	.005	45.12	.22	
EYE APPLIANCES	1,440	4,367	66,862.24	15.31	.019	46.43	.30	
OTHER OPTOMETRIC SERVICES	115	153	5,585.23	36.50	.001	48.57	.02	
@CHIROPRACTOR	131	309	\$ 5,030.66	\$ 16.28	.001	\$ 38.40	\$.02	
VISITS	127	301	4,940.93	16.42	.001	38.90	.02	
OTHER SERVICES	4	8	89.73	11.22	.000	22.43	.00	
@PODIATRIST	340	572	\$ 6,659.19	\$ 11.64	.003	\$ 19.59	\$.03	

MEDICINE/INJECTIONS	39	55		1,790.58	32.56	.000	45.91	.01
SURGERY/ANES.	3	3		65.95	21.98	.000	21.98	.00
RADIO./PATHOLOGY	4	6		131.48	21.91	.000	32.87	.00
OTHER	299	508		4,671.18	9.20	.002	15.62	.02
@HOME HEALTH AGENCY	540	17,416	\$	563,036.22	\$ 32.33	.077	\$ 1042.66	\$ 2.49
NURSE ANESTHESIST	9	148	\$	2,204.95	\$ 14.90	.001	\$ 244.99	\$.01
NURSE MIDWIFE	583	4,250	\$	141,133.65	\$ 33.21	.019	\$ 242.08	\$.62
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	19	\$	415.29	\$ 21.86	.000	\$ 59.33	\$.00
@TOTAL HOSPITAL	22,808	94,327	\$	16,521,904.77	\$ 175.16	.417	\$ 724.39	\$ 73.09
HOSP INPATIENT TOTAL	1,918	7,620		14,015,116.10	1839.25	.034	7307.15	62.00
HSC HOSPITALS	183	1,365		2,166,116.09	1586.90	.006	11836.70	9.58
NON-HSC HOSPITAL TOTAL	1,474	6,255		11,598,826.79	1854.33	.028	7868.95	51.31
ACCOMMODATIONS	1,471	6,255		4,036,376.66	645.30	.028	2743.97	17.86
ADMINISTRATIVE DAYS	5	39		7,979.85	204.61	.000	1595.97	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,466	6,216		4,028,396.81	648.07	.027	2747.88	17.82
ANCILLARIES	1,474	0		7,562,450.13	.00	.000	5130.56	33.45
INPATIENT CROSSOVERS	278	0		250,173.22	.00	.000	899.90	1.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21,636	86,707		2,506,788.67	28.91	.384	115.86	11.09
MEDICAL	7,320	10,195		360,103.95	35.32	.045	49.19	1.59
SURGERY	2,009	2,407		112,258.61	46.64	.011	55.88	.50
PATHOLOGY	6,616	24,542		301,734.71	12.29	.109	45.61	1.33
RADIOLOGY	5,039	6,861		484,455.43	70.61	.030	96.14	2.14
ROOM USE	12,913	17,328		658,690.64	38.01	.077	51.01	2.91
CROSSOVERS/ALL OTH OUTPTNT	8,137	25,374		589,545.33	23.23	.112	72.45	2.61
@COUNTY HOSPITAL TOTAL	84	478	\$	222,311.48	\$ 465.09	.002	\$ 2646.57	\$.98
CO HOSPITAL INPATIENT TOTAL	11	162		209,735.24	1294.66	.001	19066.84	.93
HSC HOSPITALS	11	150		202,342.00	1348.95	.001	18394.73	.90
NON-HSC HOSPITALS TOTAL	1	12		7,393.24	616.10	.000	7393.24	.03
ACCOMMODATIONS	1	12		2,775.60	231.30	.000	2775.60	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	12		2,775.60	231.30	.000	2775.60	.01
ANCILLARIES	1	0		4,617.64	.00	.000	4617.64	.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	76	316		12,576.24	39.80	.001	165.48	.06
MEDICAL	26	37		1,666.21	45.03	.000	64.09	.01
SURGERY	11	18		584.81	32.49	.000	53.16	.00
PATHOLOGY	20	90		1,913.97	21.27	.000	95.70	.01
RADIOLOGY	13	19		1,297.10	68.27	.000	99.78	.01
ROOM USE	46	82		4,270.82	52.08	.000	92.84	.02
CROSSOVERS/ALL OTH OUTPTNT	39	70		2,843.33	40.62	.000	72.91	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,471
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
226,058 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	22,738	93,849	\$ 16,299,593.29	\$ 173.68	.415	\$ 716.84	\$ 72.10	
COMM HOSP INPATIENT TOTAL	1,909	7,458	13,805,380.86	1851.08	.033	7231.73	61.07	
HSC HOSPITALS	172	1,215	1,963,774.09	1616.27	.005	11417.29	8.69	
NON-HSC HOSPITALS TOTAL	1,474	6,243	11,591,433.55	1856.71	.028	7863.93	51.28	
ACCOMMODATIONS	1,471	6,243	4,033,601.06	646.10	.028	2742.08	17.84	

ADMINISTRATIVE DAYS	5	39		7,979.85	204.61	.000	1595.97	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,466	6,204		4,025,621.21	648.88	.027	2745.99	17.81
ANCILLARIES	1,474	0		7,557,832.49	.00	.000	5127.43	33.43
INPATIENT CROSSOVERS	278	0		250,173.22	.00	.000	899.90	1.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21,571	86,391		2,494,212.43	28.87	.382	115.63	11.03
MEDICAL	7,294	10,158		358,437.74	35.29	.045	49.14	1.59
SURGERY	1,999	2,389		111,673.80	46.74	.011	55.86	.49
PATHOLOGY	6,597	24,452		299,820.74	12.26	.108	45.45	1.33
RADIOLOGY	5,028	6,842		483,158.33	70.62	.030	96.09	2.14
ROOM USE	12,872	17,246		654,419.82	37.95	.076	50.84	2.89
CROSSOVERS/ALL OTH OUTPTNT	8,100	25,304		586,702.00	23.19	.112	72.43	2.60
@STATE HOSPITAL	5	152	\$	119,240.54	\$ 784.48	.001	\$ 23848.11	\$.53
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	152		119,240.54	784.48	.001	23848.11	.53
@NURSING FACILITY	428	9,521	\$	1,719,460.73	\$ 180.60	.042	\$ 4017.43	\$ 7.61
LEV A-INTERMEDIATE	7	271		27,715.91	102.27	.001	3959.42	.12
LEV B-REHAB MD	17	576		79,816.81	138.57	.003	4695.11	.35
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	13	531		294,173.66	554.00	.002	22628.74	1.30
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	399	8,143		1,317,754.35	161.83	.036	3302.64	5.83
@INTERMEDIATE CARE FACIL.-DD	13	364	\$	68,262.90	\$ 187.54	.002	\$ 5250.99	\$.30
ICF DDH	1	0		2,245.85	.00	.000	2245.85	.01
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	364		66,017.05	181.37	.002	5501.42	.29
@HEMODIALYSIS TOTAL	543	22,153	\$	927,902.40	\$ 41.89	.098	\$ 1708.84	\$ 4.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	543	22,153		927,902.40	41.89	.098	1708.84	4.10
@REHABILITATION FACILITY	169	2,378	\$	37,027.37	\$ 15.57	.011	\$ 219.10	\$.16
HOSPITAL BASED	28	320		6,962.01	21.76	.001	248.64	.03
INDEPENDENT FACILITY	142	2,058		30,065.36	14.61	.009	211.73	.13
@LABORATORY FACILITY	6,615	21,727	\$	309,910.63	\$ 14.26	.096	\$ 46.85	\$ 1.37
PATHOLOGY	6,587	21,628		309,178.39	14.30	.096	46.94	1.37
XO AND OTHERS	29	99		732.24	7.40	.000	25.25	.00
@ORGANIZED OUTPATIENT CLINIC	22,198	40,069	\$	3,915,138.62	\$ 97.71	.177	\$ 176.37	\$ 17.32
CLINIC	1,613	5,868		179,664.79	30.62	.026	111.39	.79
SURGICENTER	109	287		23,508.45	81.91	.001	215.67	.10
HEROIN DETOX CLINIC	33	393		4,824.38	12.28	.002	146.19	.02
RURAL HEALTH CLINIC	20,537	33,521		3,707,141.00	110.59	.148	180.51	16.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							
PAGE 15,472								
03/14/05								

ADULT DAY HEALTH CARE CTR	65	742	51,704.92	69.68	.003	795.46	.23
GENETIC DISEASE TESTING	272	272	28,464.00	104.65	.001	104.65	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	493	2,970	180,931.59	60.92	.013	367.00	.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,592	3,585	34,695.29	9.68	.016	21.79	.15
PHYSICAL THERAPIST	28	145	2,050.75	14.14	.001	73.24	.01
PORTABLE X-RAY	19	32	53.28	1.67	.000	2.80	.00
PROSTHETIST/ORTHOTISTS	104	429	68,406.22	159.46	.002	657.75	.30
PROSTHETICS	104	429	68,406.22	159.46	.002	657.75	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	31	126	2,026.11	16.08	.001	65.36	.01
SPEECH AND AUDIOLOGY	232	559	35,616.68	63.71	.002	153.52	.16
HOSPICE SERVICES	48	742	103,940.79	140.08	.003	2165.43	.46
NONINST BIRTHING CENTERS	28	28	27,322.29	975.80	.000	975.80	.12
LOCAL EDUCATION AGENCIES	1,992	16,835	161,365.20	9.59	.074	81.01	.71
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.005	5689.86	.13
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,511	101,771	83,875.52	.82	.450	55.51	.37
@CALIF. CHILDREN SERVICES*	1,016	18,261	\$ 2,795,767.26	\$ 153.10	.081	\$ 2751.74	\$ 12.37
@XOVER EXCLUDING STATE HOSP**	5,654	59,973	\$ 1,087,322.05	\$ 18.13	.265	\$ 192.31	\$ 4.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,473
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	425	8,966	\$ 617,593.99	\$ 68.88	29.110	\$ 1453.16	\$ 2005.18
@PHYSICIANS SERVICES	53	250	\$ 3,657.59	\$ 14.63	.812	\$ 69.01	\$ 11.88
OUTPATIENT VISITS	1	1	51.10	51.10	.003	51.10	.17
OFFICE VISITS	1	1	51.10	51.10	.003	51.10	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	53	249	3,606.49	14.48	.808	68.05	11.71
@PHARMACY	253	4,042	\$ 125,790.36	\$ 31.12	13.123	\$ 497.20	\$ 408.41
PRESCRIPTION DRUGS	247	1,289	123,310.56	95.66	4.185	499.23	400.36
SNF/ICF	85	567	32,023.90	56.48	1.841	376.75	103.97
OUTPATIENTS	165	722	91,286.66	126.44	2.344	553.25	296.39
MEDICAL SUPPLIES	23	2,753	2,479.80	.90	8.938	107.82	8.05
@DENTIST	50	159	\$ 4,489.00	\$ 28.23	.516	\$ 89.78	\$ 14.57
VISITS - DIAGNOSTIC	36	80	373.00	4.66	.260	10.36	1.21
ORAL SURGERY	8	27	711.00	26.33	.088	88.88	2.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	.00	.00	.006	.00	.00
RESTORATIVE DENTISTRY	4	8	395.00	49.38	.026	98.75	1.28
PROSTHETICS	1	1	.00	.00	.003	.00	.00
DENTURES, STAYPLATES	10	39	3,010.00	77.18	.127	301.00	9.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
				AID CODE 17 1Y			
				----- MONTHLY AVERAGE -----			
308 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	9	24	\$ 369.14	\$ 15.38	.078	\$ 41.02	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	2	2	27.50	13.75	.006	13.75	.09
EYE APPLIANCES	6	20	331.64	16.58	.065	55.27	1.08
OTHER OPTOMETRIC SERVICES	1	2	10.00	5.00	.006	10.00	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	10	\$ 50.33	\$ 5.03	.032	\$ 10.07	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	10	50.33	5.03	.032	10.07	.16
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	40	125	\$ 35,585.13	\$ 284.68	.406	\$ 889.63	\$ 115.54
HOSP INPATIENT TOTAL	16	9	31,844.99	3538.33	.029	1990.31	103.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	9	15,987.90	1776.43	.029	15987.90	51.91
ACCOMMODATIONS	1	9	3,886.19	431.80	.029	3886.19	12.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	3,886.19	431.80	.029	3886.19	12.62
ANCILLARIES	1	0	12,101.71	.00	.000	12101.71	39.29

INPATIENT CROSSOVERS	15	0	15,857.09	.00	.000	1057.14	51.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	116	3,740.14	32.24	.377	143.85	12.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	26	116	3,740.14	32.24	.377	143.85	12.14
@COUNTY HOSPITAL TOTAL	1	1	\$ 68.54	\$ 68.54	.003	\$ 68.54	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	68.54	68.54	.003	68.54	.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	68.54	68.54	.003	68.54	.22

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,475
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

	308 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	124	\$	35,516.59	\$ 286.42	.403	\$ 910.68	\$ 115.31
COMM HOSP INPATIENT TOTAL	16	9		31,844.99	3538.33	.029	1990.31	103.39
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	9		15,987.90	1776.43	.029	15987.90	51.91
ACCOMMODATIONS	1	9		3,886.19	431.80	.029	3886.19	12.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9		3,886.19	431.80	.029	3886.19	12.62
ANCILLARIES	1	0		12,101.71	.00	.000	12101.71	39.29
INPATIENT CROSSOVERS	15	0		15,857.09	.00	.000	1057.14	51.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	115		3,671.60	31.93	.373	146.86	11.92
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	25	115		3,671.60	31.93	.373	146.86	11.92
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	125	3,652	\$	424,553.91	\$ 116.25	11.857	\$ 3396.43	\$ 1378.42
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	125	3,652		424,553.91	116.25	11.857	3396.43	1378.42
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	309.92	\$ 309.92	.003	\$ 309.92	\$ 1.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		309.92	309.92	.003	309.92	1.01
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	80.59	\$ 40.30	.006	\$ 40.30	\$.26
PATHOLOGY	1	1		20.34	20.34	.003	20.34	.07
XO AND OTHERS	1	1		60.25	60.25	.003	60.25	.20
@ORGANIZED OUTPATIENT CLINIC	21	40	\$	2,491.80	\$ 62.30	.130	\$ 118.66	\$ 8.09
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	40		2,491.80	62.30	.130	118.66	8.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
				AID CODE 17 1Y				
				----- MONTHLY AVERAGE -----				
308 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	25	661	\$ 20,216.22	\$ 30.58	2.146	\$ 808.65	\$ 65.64	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	3	6	1,025.66	170.94	.019	341.89	3.33
MEDICAL TRANSPORTATION	8	494	952.85	1.93	1.604	119.11	3.09
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	494	952.85	1.93	1.604	119.11	3.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	130.52	11.87	.036	26.10	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	135	17,869.95	132.37	.438	5956.65	58.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	15	237.24	15.82	.049	33.89	.77
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	114	778	37,654.88	48.40	2.526	330.31	122.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,477

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2	103	\$ 2,226.54	\$ 21.62	103.000	\$ 1113.27	\$ 2226.54
@PHYSICIANS SERVICES	1	1	\$ 51.03	\$ 51.03	1.000	\$ 51.03	\$ 51.03
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	51.03	51.03	1.000	51.03	51.03
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,478
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND						
	AID CODE 27						

						----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	1	4	\$ 42.92	\$ 10.73	4.000	\$ 42.92	\$ 42.92	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	4	42.92	10.73	4.000	42.92	42.92
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	42.92	10.73	4.000	42.92	42.92
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,479
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4	\$ 42.92	\$ 10.73	4.000	\$ 42.92	\$ 42.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	4	42.92	10.73	4.000	42.92	42.92
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	1	4		42.92	10.73	4.000	42.92	42.92
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	1,423.50	\$.00	.000	\$ 1423.50	\$ 1423.50
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		1,423.50	.00	.000	1423.50	1423.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	435.84	\$ 435.84	1.000	\$ 435.84	\$ 435.84
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		435.84	435.84	1.000	435.84	435.84
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,480
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	97	\$ 273.25	\$ 2.82	97.000	\$ 273.25	\$ 273.25
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	97	273.25	2.82	97.000	273.25	273.25
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	97	273.25	2.82	97.000	273.25	273.25
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2	6	\$ 1,953.29	\$ 325.55	6.000	\$ 976.65	\$ 1953.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 15,481
03/14/05

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,012	9,345	\$ 1,634,759.46	\$ 174.93	11.696	\$ 1615.37	\$ 2046.01
@PHYSICIANS SERVICES	239	1,373	\$ 66,216.20	\$ 48.23	1.718	\$ 277.06	\$ 82.87
OUTPATIENT VISITS	72	136	5,554.40	40.84	.170	77.14	6.95
OFFICE VISITS	40	85	2,139.28	25.17	.106	53.48	2.68
HOME VISITS	1	1	49.20	49.20	.001	49.20	.06
EMERGENCY ROOM	26	42	3,195.28	76.08	.053	122.90	4.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8	170.64	21.33	.010	24.38	.21
INPATIENT VISITS	57	395	16,114.20	40.80	.494	282.71	20.17
HOSPITAL VISITS	49	192	8,157.60	42.49	.240	166.48	10.21
CRITICAL CARE	8	20	2,002.60	100.13	.025	250.33	2.51
SNF/ICF/TRANS IP CARE	6	183	5,954.00	32.54	.229	992.33	7.45
OPHTHALMOLOGICAL SERVICES	2	2	90.65	45.33	.003	45.33	.11

EXAMINATIONS	2	2		90.65	45.33	.003	45.33	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	70		5,207.15	74.39	.088	274.06	6.52
PRINCIPAL SURGEON	14	18		3,868.22	214.90	.023	276.30	4.84
ASSISTANT SURGEON	1	1		121.61	121.61	.001	121.61	.15
ANESTHESIOLOGIST	5	51		1,217.32	23.87	.064	243.46	1.52
OUTPATIENT SURGERY	10	19		3,545.62	186.61	.024	354.56	4.44
PRINCIPAL SURGEON	8	9		3,114.40	346.04	.011	389.30	3.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	10		431.22	43.12	.013	107.81	.54
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	29	128		1,286.70	10.05	.160	44.37	1.61
RADIOLOGY	56	163		11,995.24	73.59	.204	214.20	15.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	153		12,001.47	78.44	.191	923.19	15.02
OTHER SERVICES/ALL X-OVERS	125	307		10,420.77	33.94	.384	83.37	13.04
@PHARMACY	692	5,284	\$	752,923.12	\$ 142.49	6.613	\$ 1088.04	\$ 942.33
PRESCRIPTION DRUGS	681	4,063		748,151.83	184.14	5.085	1098.61	936.36
SNF/ICF	25	289		24,332.64	84.20	.362	973.31	30.45
OUTPATIENTS	658	3,774		723,819.19	191.79	4.723	1100.03	905.91
MEDICAL SUPPLIES	51	1,221		4,771.29	3.91	1.528	93.55	5.97
@DENTIST	64	299	\$	9,990.09	\$ 33.41	.374	\$ 156.10	\$ 12.50
VISITS - DIAGNOSTIC	41	111		868.75	7.83	.139	21.19	1.09
ORAL SURGERY	13	128		5,704.00	44.56	.160	438.77	7.14
DRUGS	2	2		.00	.00	.003	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.15
ENDODONTICS	2	3		260.00	86.67	.004	130.00	.33
RESTORATIVE DENTISTRY	14	37		1,403.34	37.93	.046	100.24	1.76
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	8	13		1,606.00	123.54	.016	200.75	2.01
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3		.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 15,482 03/14/05

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 642.41	\$ 22.15	.036	\$ 58.40	\$.80
DIAGNOSTIC AND ANC. PROCED	5	5	221.23	44.25	.006	44.25	.28
EYE APPLIANCES	8	22	357.46	16.25	.028	44.68	.45
OTHER OPTOMETRIC SERVICES	2	2	63.72	31.86	.003	31.86	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 14.52	\$ 2.42	.008	\$ 3.63	\$.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	6	14.52	2.42	.008	3.63	.02
@HOME HEALTH AGENCY	6	15	\$ 1,076.16	\$ 71.74	.019	\$ 179.36	\$ 1.35
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	179	1,005	\$	554,080.44	\$	551.32	1.258	\$	3095.42	\$	693.47
HOSP INPATIENT TOTAL	59	201		516,882.66		2571.56	.252		8760.72		646.91
HSC HOSPITALS	5	11		9,302.97		845.72	.014		1860.59		11.64
NON-HSC HOSPITAL TOTAL	27	190		481,828.67		2535.94	.238		17845.51		603.04
ACCOMMODATIONS	27	190		121,690.08		640.47	.238		4507.04		152.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	190		121,690.08		640.47	.238		4507.04		152.30
ANCILLARIES	27	0		360,138.59		.00	.000		13338.47		450.74
INPATIENT CROSSOVERS	27	0		25,751.02		.00	.000		953.74		32.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	132	804		37,197.78		46.27	1.006		281.80		46.56
MEDICAL	35	77		6,310.24		81.95	.096		180.29		7.90
SURGERY	13	13		393.19		30.25	.016		30.25		.49
PATHOLOGY	47	244		2,655.69		10.88	.305		56.50		3.32
RADIOLOGY	28	51		4,336.50		85.03	.064		154.88		5.43
ROOM USE	48	77		2,896.39		37.62	.096		60.34		3.63
CROSSOVERS/ALL OTH OUTPTNT	80	342		20,605.77		60.25	.428		257.57		25.79
@COUNTY HOSPITAL TOTAL	2	10	\$	225.92	\$	22.59	.013	\$	112.96	\$	.28
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	10		225.92		22.59	.013		112.96		.28
MEDICAL	2	3		61.71		20.57	.004		30.86		.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		16.54		16.54	.001		16.54		.02
ROOM USE	2	3		101.34		33.78	.004		50.67		.13
CROSSOVERS/ALL OTH OUTPTNT	2	3		46.33		15.44	.004		23.17		.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,483
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	177	995	\$ 553,854.52	\$ 556.64	1.245	\$ 3129.12	\$ 693.18
COMM HOSP INPATIENT TOTAL	59	201	516,882.66	2571.56	.252	8760.72	646.91
HSC HOSPITALS	5	11	9,302.97	845.72	.014	1860.59	11.64
NON-HSC HOSPITALS TOTAL	27	190	481,828.67	2535.94	.238	17845.51	603.04
ACCOMMODATIONS	27	190	121,690.08	640.47	.238	4507.04	152.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	190	121,690.08	640.47	.238	4507.04	152.30
ANCILLARIES	27	0	360,138.59	.00	.000	13338.47	450.74
INPATIENT CROSSOVERS	27	0	25,751.02	.00	.000	953.74	32.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	130	794		36,971.86	46.56	.994	284.40	46.27
MEDICAL	33	74		6,248.53	84.44	.093	189.35	7.82
SURGERY	13	13		393.19	30.25	.016	30.25	.49
PATHOLOGY	47	244		2,655.69	10.88	.305	56.50	3.32
RADIOLOGY	27	50		4,319.96	86.40	.063	160.00	5.41
ROOM USE	46	74		2,795.05	37.77	.093	60.76	3.50
CROSSOVERS/ALL OTH OUTPTNT	78	339		20,559.44	60.65	.424	263.58	25.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	36	760	\$	215,381.31	\$ 283.40	.951	\$ 5982.81	\$ 269.56
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	4	140		18,158.05	129.70	.175	4539.51	22.73
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	251		133,259.93	530.92	.314	22209.99	166.78
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	26	369		63,963.33	173.34	.462	2460.13	80.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	10	\$	5,952.94	\$ 595.29	.013	\$ 595.29	\$ 7.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	10		5,952.94	595.29	.013	595.29	7.45
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	49	\$	612.96	\$ 12.51	.061	\$ 38.31	\$.77
PATHOLOGY	11	33		474.96	14.39	.041	43.18	.59
XO AND OTHERS	5	16		138.00	8.63	.020	27.60	.17
@ORGANIZED OUTPATIENT CLINIC	93	214	\$	14,686.30	\$ 68.63	.268	\$ 157.92	\$ 18.38
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	10		1,040.01	104.00	.013	520.01	1.30
HEROIN DETOX CLINIC	1	20		222.97	11.15	.025	222.97	.28
RURAL HEALTH CLINIC	90	184		13,423.32	72.95	.230	149.15	16.80

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,484
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	301	\$	13,183.01	\$ 43.80	.377	\$ 239.69	\$ 16.50
DURABLE MED. EQUIP.	7	22		6,790.72	308.67	.028	970.10	8.50
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,210.78	1210.78	.001	1210.78	1.52
MEDICAL TRANSPORTATION	24	205		2,720.29	13.27	.257	113.35	3.40
AMBULANCES/AIR TRANS	17	123		2,403.26	19.54	.154	141.37	3.01
OTHER TRANS	4	77		304.94	3.96	.096	76.24	.38
OTHER SERVICES	3	5		12.09	2.42	.006	4.03	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	20		201.37	10.07	.025	28.77	.25
PHYSICAL THERAPIST	1	2		39.91	19.96	.003	39.91	.05

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	271.44	45.24	.008	135.72	.34
HOSPICE SERVICES	1	11	1,644.17	149.47	.014	1644.17	2.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	38.73	12.91	.004	38.73	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	31	265.60	8.57	.039	20.43	.33
@CALIF. CHILDREN SERVICES*	1	5	\$ 53.84	\$ 10.77	.006	\$ 53.84	\$.07
@XOVER EXCLUDING STATE HOSP**	164	1,624	\$ 68,039.38	\$ 41.90	2.033	\$ 414.87	\$ 85.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,485
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	807	5,581	\$ 1,086,801.97	\$ 194.73	9.878	\$ 1346.72	\$ 1923.54
@PHYSICIANS SERVICES	376	1,985	\$ 184,866.83	\$ 93.13	3.513	\$ 491.67	\$ 327.20
OUTPATIENT VISITS	140	190	8,897.76	46.83	.336	63.56	15.75
OFFICE VISITS	50	70	1,757.00	25.10	.124	35.14	3.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	79	107	6,770.09	63.27	.189	85.70	11.98
PREVENTIVE CARE	1	1	54.83	54.83	.002	54.83	.10
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	12	12	315.84	26.32	.021	26.32	.56
INPATIENT VISITS	72	357	19,418.00	54.39	.632	269.69	34.37
HOSPITAL VISITS	64	309	14,032.40	45.41	.547	219.26	24.84
CRITICAL CARE	17	48	5,385.60	112.20	.085	316.80	9.53
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	571	23,606.39	41.34	1.011	481.76	41.78
PRINCIPAL SURGEON	33	48	17,755.74	369.91	.085	538.05	31.43
ASSISTANT SURGEON	4	2	181.64	90.82	.004	45.41	.32
ANESTHESIOLOGIST	22	521	5,669.01	10.88	.922	257.68	10.03
OUTPATIENT SURGERY	48	141	8,825.95	62.60	.250	183.87	15.62
PRINCIPAL SURGEON	33	35	6,465.13	184.72	.062	195.91	11.44
ASSISTANT SURGEON	2	2	208.49	104.25	.004	104.25	.37
ANESTHESIOLOGIST	16	104	2,152.33	20.70	.184	134.52	3.81
DIALYSIS	3	12	948.84	79.07	.021	316.28	1.68
PATHOLOGY	49	122	2,655.68	21.77	.216	54.20	4.70
RADIOLOGY	129	319	13,406.98	42.03	.565	103.93	23.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	63	10,905.10	173.10	.112	2726.28	19.30
OTHER SERVICES/ALL X-OVERS	75	210	96,202.13	458.11	.372	1282.70	170.27
@PHARMACY	146	668	\$ 49,372.22	\$ 73.91	1.182	\$ 338.17	\$ 87.38
PRESCRIPTION DRUGS	142	470	48,619.87	103.45	.832	342.39	86.05
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	142	470	48,619.87	103.45	.832	342.39	86.05
MEDICAL SUPPLIES	7	198	752.35	3.80	.350	107.48	1.33
@DENTIST	45	140	\$ 3,039.50	\$ 21.71	.248	\$ 67.54	\$ 5.38
VISITS - DIAGNOSTIC	30	84	499.50	5.95	.149	16.65	.88
ORAL SURGERY	7	19	1,460.00	76.84	.034	208.57	2.58
DRUGS	1	1	25.00	25.00	.002	25.00	.04
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.18
PERIODONTICS	1	1	63.00	63.00	.002	63.00	.11
ENDODONTICS	3	6	260.00	43.33	.011	86.67	.46
RESTORATIVE DENTISTRY	12	24	632.00	26.33	.042	52.67	1.12
PROSTHETICS	1	1	.00	.00	.002	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	.00	.00	.005	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,486
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	21	\$ 467.75	\$ 22.27	.037	\$ 58.47	\$.83
DIAGNOSTIC AND ANC. PROCED	4	4	150.95	37.74	.007	37.74	.27
EYE APPLIANCES	6	16	259.60	16.23	.028	43.27	.46
OTHER OPTOMETRIC SERVICES	1	1	57.20	57.20	.002	57.20	.10
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	52	\$	3,690.20	\$ 70.97	.092	\$ 335.47	\$ 6.53
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	297	1,949	\$	804,210.17	\$ 412.63	3.450	\$ 2707.78	\$ 1423.38
HOSP INPATIENT TOTAL	72	367		765,661.09	2086.27	.650	10634.18	1355.15
HSC HOSPITALS	14	83		135,776.50	1635.86	.147	9698.32	240.31
NON-HSC HOSPITAL TOTAL	59	284		629,884.59	2217.90	.503	10676.01	1114.84
ACCOMMODATIONS	59	284		168,554.62	593.50	.503	2856.86	298.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	284		168,554.62	593.50	.503	2856.86	298.33
ANCILLARIES	59	0		461,329.97	.00	.000	7819.15	816.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	232	1,582		38,549.08	24.37	2.800	166.16	68.23
MEDICAL	87	125		6,112.03	48.90	.221	70.25	10.82
SURGERY	39	42		1,598.30	38.05	.074	40.98	2.83
PATHOLOGY	101	517		5,276.83	10.21	.915	52.25	9.34
RADIOLOGY	89	140		13,568.60	96.92	.248	152.46	24.02
ROOM USE	140	197		6,396.24	32.47	.349	45.69	11.32
CROSSOVERS/ALL OTH OUTPTNT	102	561		5,597.08	9.98	.993	54.87	9.91
@COUNTY HOSPITAL TOTAL	1	6	\$	127.20	\$ 21.20	.011	\$ 127.20	\$.23
CO HOSPITAL INPATIENT TOTAL	1	1		.00	.00	.002	.00	.00
HSC HOSPITALS	1	1		.00	.00	.002	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5		127.20	25.44	.009	127.20	.23
MEDICAL	1	2		43.98	21.99	.004	43.98	.08
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		72.22	36.11	.004	72.22	.13
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.00	11.00	.002	11.00	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,487
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
565 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	296	1,943	\$ 804,082.97	\$ 413.84	3.439	\$ 2716.50	\$ 1423.16
COMM HOSP INPATIENT TOTAL	71	366	765,661.09	2091.97	.648	10783.96	1355.15
HSC HOSPITALS	13	82	135,776.50	1655.81	.145	10444.35	240.31
NON-HSC HOSPITALS TOTAL	59	284	629,884.59	2217.90	.503	10676.01	1114.84
ACCOMMODATIONS	59	284	168,554.62	593.50	.503	2856.86	298.33

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	284	168,554.62	593.50	.503	2856.86	298.33
ANCILLARIES	59	0	461,329.97	.00	.000	7819.15	816.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	231	1,577	38,421.88	24.36	2.791	166.33	68.00
MEDICAL	86	123	6,068.05	49.33	.218	70.56	10.74
SURGERY	39	42	1,598.30	38.05	.074	40.98	2.83
PATHOLOGY	101	517	5,276.83	10.21	.915	52.25	9.34
RADIOLOGY	89	140	13,568.60	96.92	.248	152.46	24.02
ROOM USE	139	195	6,324.02	32.43	.345	45.50	11.19
CROSSOVERS/ALL OTH OUTPTNT	101	560	5,586.08	9.98	.991	55.31	9.89
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	13	2,801.34	215.49	.023	2801.34	4.96
HOSPITAL BASED	1	13	2,801.34	215.49	.023	2801.34	4.96
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	97	1,375.63	14.18	.172	55.03	2.43
PATHOLOGY	24	94	1,375.63	14.63	.166	57.32	2.43
XO AND OTHERS	1	3	.00	.00	.005	.00	.00
@ORGANIZED OUTPATIENT CLINIC	81	156	17,013.92	109.06	.276	210.05	30.11
CLINIC	12	41	1,588.90	38.75	.073	132.41	2.81
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	69	115	15,425.02	134.13	.204	223.55	27.30

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

565 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	54	500	19,964.41	39.93	.885	369.71	35.34
DURABLE MED. EQUIP.	6	18	2,694.80	149.71	.032	449.13	4.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	423	15,110.94	35.72	.749	431.74	26.75
AMBULANCES/AIR TRANS	34	418	7,010.94	16.77	.740	206.20	12.41
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	8,100.00	1620.00	.009	1620.00	14.34
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	150.32	10.74	.025	21.47	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	11	1,644.17	149.47	.019	1644.17	2.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	33	356.17	10.79	.058	89.04	.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	15	834	\$ 157,176.18	\$ 188.46	1.476	\$ 10478.41	\$ 278.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,489
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

1,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,246	23,995	\$ 3,341,381.96	\$ 139.25	14.342	\$ 1487.70	\$ 1997.24
@PHYSICIANS SERVICES	669	3,609	\$ 254,791.65	\$ 70.60	2.157	\$ 380.85	\$ 152.30
OUTPATIENT VISITS	213	327	14,503.26	44.35	.195	68.09	8.67
OFFICE VISITS	91	156	3,947.38	25.30	.093	43.38	2.36
HOME VISITS	1	1	49.20	49.20	.001	49.20	.03
EMERGENCY ROOM	105	149	9,965.37	66.88	.089	94.91	5.96
PREVENTIVE CARE	1	1	54.83	54.83	.001	54.83	.03
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	19	20	486.48	24.32	.012	25.60	.29
INPATIENT VISITS	129	752	35,532.20	47.25	.449	275.44	21.24
HOSPITAL VISITS	113	501	22,190.00	44.29	.299	196.37	13.26
CRITICAL CARE	25	68	7,388.20	108.65	.041	295.53	4.42
SNF/ICF/TRANS IP CARE	6	183	5,954.00	32.54	.109	992.33	3.56
OPHTHALMOLOGICAL SERVICES	2	2	90.65	45.33	.001	45.33	.05
EXAMINATIONS	2	2	90.65	45.33	.001	45.33	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	641	28,813.54	44.95	.383	423.73	17.22
PRINCIPAL SURGEON	47	66	21,623.96	327.64	.039	460.08	12.93
ASSISTANT SURGEON	5	3	303.25	101.08	.002	60.65	.18
ANESTHESIOLOGIST	27	572	6,886.33	12.04	.342	255.05	4.12
OUTPATIENT SURGERY	58	160	12,371.57	77.32	.096	213.30	7.39
PRINCIPAL SURGEON	41	44	9,579.53	217.72	.026	233.65	5.73
ASSISTANT SURGEON	2	2	208.49	104.25	.001	104.25	.12
ANESTHESIOLOGIST	20	114	2,583.55	22.66	.068	129.18	1.54
DIALYSIS	3	12	948.84	79.07	.007	316.28	.57
PATHOLOGY	78	250	3,942.38	15.77	.149	50.54	2.36

RADIOLOGY	185	482		25,402.22	52.70	.288	137.31	15.18	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	17	216		22,906.57	106.05	.129	1347.45	13.69	
OTHER SERVICES/ALL X-OVERS	254	767		110,280.42	143.78	.458	434.17	65.92	
@PHARMACY	1,091	9,994	\$	928,085.70	\$ 92.86	5.974	\$ 850.67	\$ 554.74	
PRESCRIPTION DRUGS	1,070	5,822		920,082.26	158.04	3.480	859.89	549.96	
SNF/ICF	110	856		56,356.54	65.84	.512	512.33	33.69	
OUTPATIENTS	965	4,966		863,725.72	173.93	2.968	895.05	516.27	
MEDICAL SUPPLIES	81	4,172		8,003.44	1.92	2.494	98.81	4.78	
@DENTIST	159	598	\$	17,518.59	\$ 29.30	.357	\$ 110.18	\$ 10.47	
VISITS - DIAGNOSTIC	107	275		1,741.25	6.33	.164	16.27	1.04	
ORAL SURGERY	28	174		7,875.00	45.26	.104	281.25	4.71	
DRUGS	3	3		25.00	8.33	.002	8.33	.01	
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.06	
PERIODONTICS	2	2		181.00	90.50	.001	90.50	.11	
ENDODONTICS	7	11		520.00	47.27	.007	74.29	.31	
RESTORATIVE DENTISTRY	30	69		2,430.34	35.22	.041	81.01	1.45	
PROSTHETICS	3	3		30.00	10.00	.002	10.00	.02	
DENTURES, STAYPLATES	18	52		4,616.00	88.77	.031	256.44	2.76	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	3	3		.00	.00	.002	.00	.00	
ALL OTHER SERVICES	3	5		.00	.00	.003	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,490
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	1,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	74	\$	1,479.30	\$ 19.99	.044	\$ 52.83	\$.88
DIAGNOSTIC AND ANC. PROCED	11	11		399.68	36.33	.007	36.33	.24

EYE APPLIANCES	20	58		948.70	16.36	.035	47.44	.57
OTHER OPTOMETRIC SERVICES	4	5		130.92	26.18	.003	32.73	.08
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	9	16	\$	64.85	\$ 4.05	.010	\$ 7.21	\$.04
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	9	16		64.85	4.05	.010	7.21	.04
@HOME HEALTH AGENCY	17	67	\$	4,766.36	\$ 71.14	.040	\$ 280.37	\$ 2.85
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	517	3,083	\$	1,393,918.66	\$ 452.13	1.843	\$ 2696.17	\$ 833.19
HOSP INPATIENT TOTAL	147	577		1,314,388.74	2277.97	.345	8941.42	785.65
HSC HOSPITALS	19	94		145,079.47	1543.40	.056	7635.76	86.72
NON-HSC HOSPITAL TOTAL	87	483		1,127,701.16	2334.79	.289	12962.08	674.06
ACCOMMODATIONS	87	483		294,130.89	608.97	.289	3380.81	175.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	483		294,130.89	608.97	.289	3380.81	175.81
ANCILLARIES	87	0		833,570.27	.00	.000	9581.27	498.25
INPATIENT CROSSOVERS	42	0		41,608.11	.00	.000	990.67	24.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	391	2,506		79,529.92	31.74	1.498	203.40	47.54
MEDICAL	122	202		12,422.27	61.50	.121	101.82	7.43
SURGERY	52	55		1,991.49	36.21	.033	38.30	1.19
PATHOLOGY	148	761		7,932.52	10.42	.455	53.60	4.74
RADIOLOGY	117	191		17,905.10	93.74	.114	153.04	10.70
ROOM USE	188	274		9,292.63	33.91	.164	49.43	5.55
CROSSOVERS/ALL OTH OUTPTNT	209	1,023		29,985.91	29.31	.611	143.47	17.92
@COUNTY HOSPITAL TOTAL	4	17	\$	421.66	\$ 24.80	.010	\$ 105.42	\$.25
CO HOSPITAL INPATIENT TOTAL	1	1		.00	.00	.001	.00	.00
HSC HOSPITALS	1	1		.00	.00	.001	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	16		421.66	26.35	.010	105.42	.25
MEDICAL	3	5		105.69	21.14	.003	35.23	.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		16.54	16.54	.001	16.54	.01
ROOM USE	3	5		173.56	34.71	.003	57.85	.10
CROSSOVERS/ALL OTH OUTPTNT	4	5		125.87	25.17	.003	31.47	.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,491
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

	1,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
--	-----------------	-------	------------------	--------------	--------------	-------------------------------	----------	----------

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	513	3,066	\$	1,393,497.00	\$ 454.50	1.833	\$ 2716.37	\$ 832.93
COMM HOSP INPATIENT TOTAL	146	576		1,314,388.74	2281.92	.344	9002.66	785.65
HSC HOSPITALS	18	93		145,079.47	1559.99	.056	8059.97	86.72
NON-HSC HOSPITALS TOTAL	87	483		1,127,701.16	2334.79	.289	12962.08	674.06
ACCOMMODATIONS	87	483		294,130.89	608.97	.289	3380.81	175.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	483		294,130.89	608.97	.289	3380.81	175.81
ANCILLARIES	87	0		833,570.27	.00	.000	9581.27	498.25
INPATIENT CROSSOVERS	42	0		41,608.11	.00	.000	990.67	24.87
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	387	2,490		79,108.26	31.77	1.488	204.41	47.29
MEDICAL	119	197		12,316.58	62.52	.118	103.50	7.36
SURGERY	52	55		1,991.49	36.21	.033	38.30	1.19
PATHOLOGY	148	761		7,932.52	10.42	.455	53.60	4.74
RADIOLOGY	116	190		17,888.56	94.15	.114	154.21	10.69
ROOM USE	185	269		9,119.07	33.90	.161	49.29	5.45
CROSSOVERS/ALL OTH OUTPTNT	205	1,018		29,860.04	29.33	.608	145.66	17.85
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	162	4,412	\$	641,358.72	\$ 145.37	2.637	\$ 3959.00	\$ 383.36
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	4	140		18,158.05	129.70	.084	4539.51	10.85
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	251		133,259.93	530.92	.150	22209.99	79.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	152	4,021		489,940.74	121.85	2.403	3223.29	292.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	25	\$	9,500.04	\$ 380.00	.015	\$ 730.77	\$ 5.68
HOSPITAL BASED	1	13		2,801.34	215.49	.008	2801.34	1.67
HEMODIALYSIS CENTER	12	12		6,698.70	558.23	.007	558.23	4.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	43	148	\$	2,069.18	\$ 13.98	.088	\$ 48.12	\$ 1.24
PATHOLOGY	36	128		1,870.93	14.62	.077	51.97	1.12
XO AND OTHERS	7	20		198.25	9.91	.012	28.32	.12
@ORGANIZED OUTPATIENT CLINIC	195	410	\$	34,192.02	\$ 83.40	.245	\$ 175.34	\$ 20.44
CLINIC	12	41		1,588.90	38.75	.025	132.41	.95
SURGICENTER	2	10		1,040.01	104.00	.006	520.01	.62
HEROIN DETOX CLINIC	1	20		222.97	11.15	.012	222.97	.13
RURAL HEALTH CLINIC	180	339		31,340.14	92.45	.203	174.11	18.73
#CALIF DEPT OF HEALTH SERV								
MOP024								
SONOMA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - TOTAL
PAGE 15,492
03/14/05

	1,673 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	135	1,559	\$	53,636.89	\$ 34.40	.932	\$ 397.31	\$ 32.06
DURABLE MED. EQUIP.	13	40		9,485.52	237.14	.024	729.66	5.67
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	4	7	2,236.44	319.49	.004	559.11	1.34
MEDICAL TRANSPORTATION	68	1,219	19,057.33	15.63	.729	280.25	11.39
AMBULANCES/AIR TRANS	51	541	9,414.20	17.40	.323	184.59	5.63
OTHER TRANS	13	668	1,531.04	2.29	.399	117.77	.92
OTHER SERVICES	8	10	8,112.09	811.21	.006	1014.01	4.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	45	482.21	10.72	.027	25.38	.29
PHYSICAL THERAPIST	1	2	39.91	19.96	.001	39.91	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	271.44	45.24	.004	135.72	.16
HOSPICE SERVICES	5	157	21,158.29	134.77	.094	4231.66	12.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	36	394.90	10.97	.022	78.98	.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	47	510.85	10.87	.028	24.33	.31
@CALIF. CHILDREN SERVICES*	16	839	\$ 157,230.02	\$ 187.40	.501	\$ 9826.88	\$ 93.98
@XOVER EXCLUDING STATE HOSP**	280	2,408	\$ 107,647.55	\$ 44.70	1.439	\$ 384.46	\$ 64.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,493
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

	9,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,411	409,514	\$	29,583,599.12	\$ 72.24	44.503	\$ 3143.51	\$ 3214.91
@PHYSICIANS SERVICES	742	1,253	\$	20,389.16	\$ 16.27	.136	\$ 27.48	\$ 2.22
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	5	7		34.35	4.91	.001	6.87	.00
HOSPITAL VISITS	2	4		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	3		34.35	11.45	.000	11.45	.00
OPHTHALMOLOGICAL SERVICES	1	1		8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1		8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	5	133.38	26.68	.001	133.38	.01
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.001	133.38	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	10.38	5.19	.000	10.38	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	734	1,238	20,203.04	16.32	.135	27.52	2.20
@PHARMACY	6,607	50,662	\$ 2,499,088.36	\$ 49.33	5.506	\$ 378.25	\$ 271.58
PRESCRIPTION DRUGS	6,584	46,372	2,486,327.84	53.62	5.039	377.63	270.19
SNF/ICF	6,374	45,176	2,441,592.88	54.05	4.909	383.06	265.33
OUTPATIENTS	251	1,196	44,734.96	37.40	.130	178.23	4.86
MEDICAL SUPPLIES	123	4,290	12,760.52	2.97	.466	103.74	1.39
@DENTIST	520	1,156	\$ 41,831.50	\$ 36.19	.126	\$ 80.45	\$ 4.55
VISITS - DIAGNOSTIC	488	1,002	20,156.50	20.12	.109	41.30	2.19
ORAL SURGERY	15	50	2,444.00	48.88	.005	162.93	.27
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	19	20	1,453.00	72.65	.002	76.47	.16
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	6	133.00	22.17	.001	33.25	.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	38	78	17,645.00	226.22	.008	464.34	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
9,202 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	101	289	\$ 4,931.53	\$ 17.06	.031	\$ 48.83	\$.54
DIAGNOSTIC AND ANC. PROCED	7	7	292.71	41.82	.001	41.82	.03
EYE APPLIANCES	94	272	4,581.58	16.84	.030	48.74	.50
OTHER OPTOMETRIC SERVICES	7	10	57.24	5.72	.001	8.18	.01
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	1,226	1,914	\$ 10,233.37	\$ 5.35	.208	\$ 8.35	\$ 1.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,226	1,914	10,233.37	5.35	.208	8.35	1.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	\$ 12.54	\$ 1.57	.001	\$ 12.54	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	\$ 100.83	\$ 33.61	.000	\$ 33.61	\$.01
@TOTAL HOSPITAL	240	516	\$ 79,032.12	\$ 153.16	.056	\$ 329.30	\$ 8.59
HOSP INPATIENT TOTAL	78	0	65,924.22	.00	.000	845.18	7.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	78	0	65,924.22	.00	.000	845.18	7.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	180	516	13,107.90	25.40	.056	72.82	1.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.64	41.64	.000	41.64	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	310.43	103.48	.000	155.22	.03
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	180	511	12,723.90	24.90	.056	70.69	1.38
@COUNTY HOSPITAL TOTAL	2	2	\$ 2.46	\$ 1.23	.000	\$ 1.23	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	2.46	1.23	.000	1.23	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

9,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	514	\$ 79,029.66	\$ 153.75	.056	\$ 332.06	\$ 8.59
COMM HOSP INPATIENT TOTAL	78	0	65,924.22	.00	.000	845.18	7.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	78	0	65,924.22	.00	.000	845.18	7.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	178	514	13,105.44	25.50	.056	73.63	1.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	41.64	41.64	.000	41.64	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	310.43	103.48	.000	155.22	.03
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	178	509	12,721.44	24.99	.055	71.47	1.38
@STATE HOSPITAL	8	279	\$ 142,816.05	\$ 511.89	.030	\$ 17852.01	\$ 15.52
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	8	279	142,816.05	511.89	.030	17852.01	15.52
@NURSING FACILITY	7,385	221,071	\$ 25,031,094.73	\$ 113.23	24.024	\$ 3389.45	\$ 2720.18
LEV A-INTERMEDIATE	0	0	.77	.00	.000	.00	.00
LEV B-REHAB MD	17	549	54,875.08	99.95	.060	3227.95	5.96
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	8,930.30	.00	.000	.00	.97
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7,368	220,522	24,967,288.58	113.22	23.965	3388.61	2713.25
@INTERMEDIATE CARE FACIL.-DD	49	1,538	\$ 251,710.65	\$ 163.66	.167	\$ 5136.95	\$ 27.35
ICF DDH	36	1,097	169,371.24	154.39	.119	4704.76	18.41
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	13	441	82,339.41	186.71	.048	6333.80	8.95
@HEMODIALYSIS TOTAL	35	42	\$ 21,841.54	\$ 520.04	.005	\$ 624.04	\$ 2.37
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	35	42	21,841.54	520.04	.005	624.04	2.37
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	6	\$ 130.79	\$ 21.80	.001	\$ 21.80	\$.01
PATHOLOGY	6	6	130.79	21.80	.001	21.80	.01
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	108	144	\$ 6,250.87	\$ 43.41	.016	\$ 57.88	\$.68
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	2	395.94	197.97	.000	395.94	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	107	142	5,854.93	41.23	.015	54.72	.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,496
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13

9,202 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,538	130,631	\$ 1,474,101.64	\$ 11.28	14.196	\$ 958.45	\$ 160.19
DURABLE MED. EQUIP.	158	1,052	101,801.64	96.77	.114	644.31	11.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	41	9,111.09	222.22	.004	379.63	.99
MEDICAL TRANSPORTATION	371	15,637	58,234.83	3.72	1.699	156.97	6.33
AMBULANCES/AIR TRANS	14	43	1,301.87	30.28	.005	92.99	.14
OTHER TRANS	341	15,522	56,629.45	3.65	1.687	166.07	6.15
OTHER SERVICES	18	72	303.51	4.22	.008	16.86	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	67	4,661.86	69.58	.007	932.37	.51
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	106	239	2,911.18	12.18	.026	27.46	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	118	198	188.06	.95	.022	1.59	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	60	164	2,485.20	15.15	.018	41.42	.27
SPEECH AND AUDIOLOGY	97	227	11,484.31	50.59	.025	118.39	1.25
HOSPICE SERVICES	381	11,054	1,244,045.80	112.54	1.201	3265.21	135.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	374	101,952	39,177.67	.38	11.079	104.75	4.26
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,765	66,410	\$ 521,491.56	\$ 7.85	7.217	\$ 188.60	\$ 56.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 15,497
03/14/05

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	51	1,869	\$ 280,994.88	\$ 150.35	17.632	\$ 5509.70	\$ 2650.90
@PHYSICIANS SERVICES	6	11	\$ 111.19	\$ 10.11	.104	\$ 18.53	\$ 1.05
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	11		111.19	10.11	.104	18.53	1.05
@PHARMACY	42	375	\$	19,002.48	\$ 50.67	3.538	\$ 452.44	\$ 179.27
PRESCRIPTION DRUGS	42	289		18,737.82	64.84	2.726	446.14	176.77
SNF/ICF	30	218		17,207.60	78.93	2.057	573.59	162.34
OUTPATIENTS	12	71		1,530.22	21.55	.670	127.52	14.44
MEDICAL SUPPLIES	2	86		264.66	3.08	.811	132.33	2.50
@DENTIST	3	6	\$	195.00	\$ 32.50	.057	\$ 65.00	\$ 1.84
VISITS - DIAGNOSTIC	3	4		95.00	23.75	.038	31.67	.90
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2		100.00	50.00	.019	50.00	.94
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
				AID CODE 23		----- MONTHLY AVERAGE -----		
106 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.028	\$ 53.11	\$	.50
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	1	3	53.11	17.70	.028	53.11		.50
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	9	14 \$	61.27	\$ 4.38	.132	\$ 6.81	\$	.58
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	9	14	61.27	4.38	.132	6.81		.58
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	2	\$	897.61	\$	448.81	.019	\$	299.20	\$	8.47
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		8.26
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		8.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	2		21.61		10.81	.019		10.81		.20
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		21.61		10.81	.019		10.81		.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,499
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	2	\$	897.61	\$ 448.81	.019	\$ 299.20	\$ 8.47
COMM HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	8.26
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	8.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	2		21.61	10.81	.019	10.81	.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		21.61	10.81	.019	10.81	.20
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	36	988	\$	121,891.04	\$ 123.37	9.321	\$ 3385.86	\$ 1149.92
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	36	988		121,891.04	123.37	9.321	3385.86	1149.92
@INTERMEDIATE CARE FACIL.-DD	12	342	\$	137,367.26	\$ 401.66	3.226	\$ 11447.27	\$ 1295.92
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		90.54	.00	.000	.00	.85
ICF DDN/DDCN	12	342		137,276.72	401.39	3.226	11439.73	1295.06
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	12	\$	210.03	\$ 17.50	.113	\$ 70.01	\$ 1.98
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	3	12		210.03	17.50	.113	70.01	1.98
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$	326.63	\$ 32.66	.094	\$ 40.83	\$ 3.08
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	10	326.63	32.66	.094	40.83	3.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,500
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

106 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	106	\$ 879.26	\$ 8.29	1.000	\$ 97.70	\$ 8.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	42	92.59	2.20	.396	30.86	.87
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	36	79.50	2.21	.340	79.50	.75
OTHER SERVICES	2	6	13.09	2.18	.057	6.55	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.019	26.08	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.019	99.19	.94
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	60	661.40	11.02	.566	165.35	6.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	12	\$ 210.03	\$ 17.50	.113	\$ 70.01	\$ 1.98
@XOVER EXCLUDING STATE HOSP**	21	33	\$ 6,613.08	\$ 200.40	.311	\$ 314.91	\$ 62.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,501
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

9,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,087	892,305	\$ 128,131,019.64	\$ 143.60	96.748	\$ 12702.59	\$ 13892.55
@PHYSICIANS SERVICES	732	2,436	\$ 64,553.47	\$ 26.50	.264	\$ 88.19	\$ 7.00
OUTPATIENT VISITS	22	26	1,428.27	54.93	.003	64.92	.15
OFFICE VISITS	14	16	514.16	32.14	.002	36.73	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	914.11	91.41	.001	101.57	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	142	572	21,896.59	38.28	.062	154.20	2.37
HOSPITAL VISITS	37	255	9,952.48	39.03	.028	268.99	1.08
CRITICAL CARE	5	14	1,514.30	108.16	.002	302.86	.16
SNF/ICF/TRANS IP CARE	111	303	10,429.81	34.42	.033	93.96	1.13
OPHTHALMOLOGICAL SERVICES	4	7	288.39	41.20	.001	72.10	.03
EXAMINATIONS	4	7	288.39	41.20	.001	72.10	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	98	10,609.19	108.26	.011	505.20	1.15
PRINCIPAL SURGEON	14	24	7,862.94	327.62	.003	561.64	.85
ASSISTANT SURGEON	3	3	683.54	227.85	.000	227.85	.07
ANESTHESIOLOGIST	9	71	2,062.71	29.05	.008	229.19	.22
OUTPATIENT SURGERY	62	217	7,076.39	32.61	.024	114.14	.77
PRINCIPAL SURGEON	10	16	1,005.62	62.85	.002	100.56	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	52	201	6,070.77	30.20	.022	116.75	.66
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	213	948.68	4.45	.023	79.06	.10
RADIOLOGY	43	127	4,434.68	34.92	.014	103.13	.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	1,401.70	700.85	.000	700.85	.15
OTHER SERVICES/ALL X-OVERS	523	1,174	16,469.58	14.03	.127	31.49	1.79
@PHARMACY	2,165	27,814	\$ 1,275,474.11	\$ 45.86	3.016	\$ 589.13	\$ 138.29
PRESCRIPTION DRUGS	2,156	14,248	1,270,000.84	89.14	1.545	589.05	137.70
SNF/ICF	1,700	12,423	1,129,773.36	90.94	1.347	664.57	122.50
OUTPATIENTS	503	1,825	140,227.48	76.84	.198	278.78	15.20
MEDICAL SUPPLIES	45	13,566	5,473.27	.40	1.471	121.63	.59
@DENTIST	265	1,239	\$ 33,948.00	\$ 27.40	.134	\$ 128.11	\$ 3.68
VISITS - DIAGNOSTIC	218	975	12,030.75	12.34	.106	55.19	1.30
ORAL SURGERY	26	39	2,421.00	62.08	.004	93.12	.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	49	51	7,752.00	152.00	.006	158.20	.84
ENDODONTICS	4	8	2,015.00	251.88	.001	503.75	.22
RESTORATIVE DENTISTRY	45	86	4,366.25	50.77	.009	97.03	.47
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.01
DENTURES, STAYPLATES	17	76	5,303.00	69.78	.008	311.94	.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,502
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63						

		----- MONTHLY AVERAGE -----						
9,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	135	377	\$ 6,635.39	\$ 17.60	.041	\$ 49.15	\$.72	
DIAGNOSTIC AND ANC. PROCED	29	29	1,254.24	43.25	.003	43.25	.14	
EYE APPLIANCES	126	341	5,301.99	15.55	.037	42.08	.57	
OTHER OPTOMETRIC SERVICES	4	7	79.16	11.31	.001	19.79	.01	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	236	390	\$ 2,530.12	\$ 6.49	.042	\$ 10.72	\$.27	

MEDICINE/INJECTIONS	9	9	282.40	31.38	.001	31.38	.03
SURGERY/ANES.	1	1	7.00	7.00	.000	7.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	227	380	2,240.72	5.90	.041	9.87	.24
@HOME HEALTH AGENCY	2	5	\$ 350.93	\$ 70.19	.001	\$ 175.47	\$.04
NURSE ANESTHESIST	4	42	\$ 161.01	\$ 3.83	.005	\$ 40.25	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	3	\$ 68.70	\$ 22.90	.000	\$ 34.35	\$.01
FAMILY NURSE PRACTITIONER	4	4	\$ 121.10	\$ 30.28	.000	\$ 30.28	\$.01
@TOTAL HOSPITAL	531	1,364	\$ 454,935.99	\$ 333.53	.148	\$ 856.75	\$ 49.33
HOSP INPATIENT TOTAL	65	219	416,138.72	1900.18	.024	6402.13	45.12
HSC HOSPITALS	5	135	185,976.00	1377.60	.015	37195.20	20.16
NON-HSC HOSPITAL TOTAL	11	84	164,614.95	1959.70	.009	14965.00	17.85
ACCOMMODATIONS	11	84	40,865.61	486.50	.009	3715.06	4.43
ADMINISTRATIVE DAYS	1	31	7,170.30	231.30	.003	7170.30	.78
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	53	33,695.31	635.76	.006	3369.53	3.65
ANCILLARIES	11	0	123,749.34	.00	.000	11249.94	13.42
INPATIENT CROSSOVERS	49	0	65,547.77	.00	.000	1337.71	7.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	476	1,145	38,797.27	33.88	.124	81.51	4.21
MEDICAL	9	10	327.95	32.80	.001	36.44	.04
SURGERY	27	26	1,499.83	57.69	.003	55.55	.16
PATHOLOGY	31	107	1,259.59	11.77	.012	40.63	.14
RADIOLOGY	13	19	1,239.22	65.22	.002	95.32	.13
ROOM USE	53	83	3,662.16	44.12	.009	69.10	.40
CROSSOVERS/ALL OTH OUTPTNT	401	900	30,808.52	34.23	.098	76.83	3.34
@COUNTY HOSPITAL TOTAL	8	123	\$ 139,502.60	\$ 1134.17	.013	\$ 17437.83	\$ 15.13
CO HOSPITAL INPATIENT TOTAL	3	103	139,256.00	1352.00	.011	46418.67	15.10
HSC HOSPITALS	3	103	139,256.00	1352.00	.011	46418.67	15.10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	20	246.60	12.33	.002	49.32	.03
MEDICAL	1	2	19.81	9.91	.000	19.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	124.38	13.82	.001	124.38	.01
RADIOLOGY	1	1	16.49	16.49	.000	16.49	.00
ROOM USE	1	1	53.10	53.10	.000	53.10	.01
CROSSOVERS/ALL OTH OUTPTNT	3	7	32.82	4.69	.001	10.94	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,503
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	9,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	523	1,241	\$	315,433.39	\$ 254.18	.135	\$ 603.12	\$ 34.20
COMM HOSP INPATIENT TOTAL	62	116		276,882.72	2386.92	.013	4465.85	30.02
HSC HOSPITALS	2	32		46,720.00	1460.00	.003	23360.00	5.07
NON-HSC HOSPITALS TOTAL	11	84		164,614.95	1959.70	.009	14965.00	17.85
ACCOMMODATIONS	11	84		40,865.61	486.50	.009	3715.06	4.43

ADMINISTRATIVE DAYS	1	31		7,170.30	231.30	.003	7170.30	.78
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	53		33,695.31	635.76	.006	3369.53	3.65
ANCILLARIES	11	0		123,749.34	.00	.000	11249.94	13.42
INPATIENT CROSSOVERS	49	0		65,547.77	.00	.000	1337.71	7.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	471	1,125		38,550.67	34.27	.122	81.85	4.18
MEDICAL	8	8		308.14	38.52	.001	38.52	.03
SURGERY	27	26		1,499.83	57.69	.003	55.55	.16
PATHOLOGY	30	98		1,135.21	11.58	.011	37.84	.12
RADIOLOGY	12	18		1,222.73	67.93	.002	101.89	.13
ROOM USE	52	82		3,609.06	44.01	.009	69.41	.39
CROSSOVERS/ALL OTH OUTPTNT	398	893		30,775.70	34.46	.097	77.33	3.34
@STATE HOSPITAL	7,458	230,047	\$	116,621,975.06	\$ 506.95	24.943	\$ 15637.16	\$ 12644.69
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,458	230,047		116,621,975.06	506.95	24.943	15637.16	12644.69
@NURSING FACILITY	999	29,999	\$	3,882,020.85	\$ 129.41	3.253	\$ 3885.91	\$ 420.91
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	219	6,884		793,421.10	115.26	.746	3622.93	86.03
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56	369.28	.038	11615.69	13.85
LEV B-SUBACUTE HSPTL BASED	15	471		207,264.17	440.05	.051	13817.61	22.47
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	755	22,298		2,753,563.02	123.49	2.418	3647.10	298.55
@INTERMEDIATE CARE FACIL.-DD	1,032	31,776	\$	5,178,811.46	\$ 162.98	3.445	\$ 5018.23	\$ 561.51
ICF DDH	812	24,894		3,830,771.15	153.88	2.699	4717.70	415.35
ICF DD	10	323		35,741.58	110.66	.035	3574.16	3.88
ICF DDN/DDCN	211	6,559		1,312,298.73	200.08	.711	6219.43	142.29
@HEMODIALYSIS TOTAL	48	57	\$	31,503.92	\$ 552.70	.006	\$ 656.33	\$ 3.42
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	48	57		31,503.92	552.70	.006	656.33	3.42
@REHABILITATION FACILITY	1	5	\$	189.94	\$ 37.99	.001	\$ 189.94	\$.02
HOSPITAL BASED	1	5		189.94	37.99	.001	189.94	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	91	194	\$	2,142.47	\$ 11.04	.021	\$ 23.54	\$.23
PATHOLOGY	89	190		2,131.11	11.22	.021	23.95	.23
XO AND OTHERS	2	4		11.36	2.84	.000	5.68	.00
@ORGANIZED OUTPATIENT CLINIC	47	84	\$	4,341.09	\$ 51.68	.009	\$ 92.36	\$.47
CLINIC	2	3		26.57	8.86	.000	13.29	.00
SURGICENTER	1	1		29.53	29.53	.000	29.53	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	44	80		4,284.99	53.56	.009	97.39	.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,504
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							

----- MONTHLY AVERAGE -----								
9,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,986	566,469	\$ 571,256.03	\$ 1.01	61.419	\$ 287.64	\$ 61.94	
DURABLE MED. EQUIP.	247	1,180	150,247.05	127.33	.128	608.29	16.29	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	10	830.31	83.03	.001	103.79	.09	
MEDICAL TRANSPORTATION	149	8,555	46,102.29	5.39	.928	309.41	5.00	
AMBULANCES/AIR TRANS	30	418	6,003.41	14.36	.045	200.11	.65	
OTHER TRANS	103	7,994	38,068.37	4.76	.867	369.60	4.13	
OTHER SERVICES	19	143	2,030.51	14.20	.016	106.87	.22	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	135	285	3,319.05	11.65	.031	24.59	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	29	49	741.93	15.14	.005	25.58	.08
PROSTHETIST/ORTHOTISTS	3	34	12.34	.36	.004	4.11	.00
PROSTHETICS	3	34	12.34	.36	.004	4.11	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	6	168.22	28.04	.001	42.06	.02
SPEECH AND AUDIOLOGY	347	1,104	48,706.06	44.12	.120	140.36	5.28
HOSPICE SERVICES	36	1,316	168,585.11	128.10	.143	4682.92	18.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	12	132.28	11.02	.001	132.28	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,210	553,918	152,411.39	.28	60.058	125.96	16.53
@CALIF. CHILDREN SERVICES*	2	40	\$ 361.88	\$ 9.05	.004	\$ 180.94	\$.04
@XOVER EXCLUDING STATE HOSP**	1,985	366,017	\$ 373,245.74	\$ 1.02	39.685	\$ 188.03	\$ 40.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,505
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,506
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,507
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV							
MOP024							
SONOMA COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00 .00
BLOOD BANK	0	0		.00	.00	.000	.00 .00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,509

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

						----- MONTHLY AVERAGE -----		
18,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	19,549	1,303,688	\$ 157,995,613.64	\$ 121.19	70.352	\$ 8082.03	\$ 8526.02	
@PHYSICIANS SERVICES	1,480	3,700	\$ 85,053.82	\$ 22.99	.200	\$ 57.47	\$ 4.59	
OUTPATIENT VISITS	22	26	1,428.27	54.93	.001	64.92	.08	
OFFICE VISITS	14	16	514.16	32.14	.001	36.73	.03	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	9	10	914.11	91.41	.001	101.57	.05	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	147	579	21,930.94	37.88	.031	149.19	1.18	
HOSPITAL VISITS	39	259	9,952.48	38.43	.014	255.19	.54	
CRITICAL CARE	5	14	1,514.30	108.16	.001	302.86	.08	
SNF/ICF/TRANS IP CARE	114	306	10,464.16	34.20	.017	91.79	.56	
OPHTHALMOLOGICAL SERVICES	5	8	296.40	37.05	.000	59.28	.02	
EXAMINATIONS	5	8	296.40	37.05	.000	59.28	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	21	98	10,609.19	108.26	.005	505.20	.57	
PRINCIPAL SURGEON	14	24	7,862.94	327.62	.001	561.64	.42	
ASSISTANT SURGEON	3	3	683.54	227.85	.000	227.85	.04	
ANESTHESIOLOGIST	9	71	2,062.71	29.05	.004	229.19	.11	

OUTPATIENT SURGERY	63	222		7,209.77	32.48	.012	114.44	.39
PRINCIPAL SURGEON	10	16		1,005.62	62.85	.001	100.56	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	53	206		6,204.15	30.12	.011	117.06	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	213		948.68	4.45	.011	79.06	.05
RADIOLOGY	44	129		4,445.06	34.46	.007	101.02	.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		1,401.70	700.85	.000	700.85	.08
OTHER SERVICES/ALL X-OVERS	1,263	2,423		36,783.81	15.18	.131	29.12	1.98
@PHARMACY	8,814	78,851	\$	3,793,564.95	\$ 48.11	4.255	\$ 430.40	\$ 204.71
PRESCRIPTION DRUGS	8,782	60,909		3,775,066.50	61.98	3.287	429.86	203.72
SNF/ICF	8,104	57,817		3,588,573.84	62.07	3.120	442.82	193.65
OUTPATIENTS	766	3,092		186,492.66	60.31	.167	243.46	10.06
MEDICAL SUPPLIES	170	17,942		18,498.45	1.03	.968	108.81	1.00
@DENTIST	788	2,401	\$	75,974.50	\$ 31.64	.130	\$ 96.41	\$ 4.10
VISITS - DIAGNOSTIC	709	1,981		32,282.25	16.30	.107	45.53	1.74
ORAL SURGERY	41	89		4,865.00	54.66	.005	118.66	.26
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	68	71		9,205.00	129.65	.004	135.37	.50
ENDODONTICS	4	8		2,015.00	251.88	.000	503.75	.11
RESTORATIVE DENTISTRY	49	92		4,499.25	48.90	.005	91.82	.24
PROSTHETICS	3	3		60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	57	156		23,048.00	147.74	.008	404.35	1.24
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	1		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

PAGE 15,510

03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

18,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	237	669	\$ 11,620.03	\$ 17.37	.036		\$ 49.03	\$.63
DIAGNOSTIC AND ANC. PROCED	36	36	1,546.95	42.97	.002		42.97	.08
EYE APPLIANCES	221	616	9,936.68	16.13	.033		44.96	.54
OTHER OPTOMETRIC SERVICES	11	17	136.40	8.02	.001		12.40	.01
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000		\$ 33.44	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000		33.44	.00
@PODIATRIST	1,471	2,318	\$ 12,824.76	\$ 5.53	.125		\$ 8.72	\$.69
MEDICINE/INJECTIONS	9	9	282.40	31.38	.000		31.38	.02
SURGERY/ANES.	1	1	7.00	7.00	.000		7.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	1,462	2,308	12,535.36	5.43	.125		8.57	.68
@HOME HEALTH AGENCY	2	5	\$ 350.93	\$ 70.19	.000		\$ 175.47	\$.02
NURSE ANESTHESIST	5	50	\$ 173.55	\$ 3.47	.003		\$ 34.71	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000		.00	.00
PEDIATRIC NURSE PRACTITIONER	2	3	\$ 68.70	\$ 22.90	.000		\$ 34.35	\$.00
FAMILY NURSE PRACTITIONER	7	7	\$ 221.93	\$ 31.70	.000		\$ 31.70	\$.01
@TOTAL HOSPITAL	774	1,882	\$ 534,865.72	\$ 284.20	.102		\$ 691.04	\$ 28.86
HOSP INPATIENT TOTAL	144	219	482,938.94	2205.20	.012		3353.74	26.06
HSC HOSPITALS	5	135	185,976.00	1377.60	.007		37195.20	10.04
NON-HSC HOSPITAL TOTAL	11	84	164,614.95	1959.70	.005		14965.00	8.88
ACCOMMODATIONS	11	84	40,865.61	486.50	.005		3715.06	2.21
ADMINISTRATIVE DAYS	1	31	7,170.30	231.30	.002		7170.30	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	10	53	33,695.31	635.76	.003		3369.53	1.82
ANCILLARIES	11	0	123,749.34	.00	.000		11249.94	6.68
INPATIENT CROSSOVERS	128	0	132,347.99	.00	.000		1033.97	7.14
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	658	1,663	51,926.78	31.22	.090		78.92	2.80
MEDICAL	9	10	327.95	32.80	.001		36.44	.02
SURGERY	28	27	1,541.47	57.09	.001		55.05	.08
PATHOLOGY	31	107	1,259.59	11.77	.006		40.63	.07
RADIOLOGY	15	22	1,549.65	70.44	.001		103.31	.08
ROOM USE	54	84	3,694.09	43.98	.005		68.41	.20
CROSSOVERS/ALL OTH OUTPTNT	583	1,413	43,554.03	30.82	.076		74.71	2.35
@COUNTY HOSPITAL TOTAL	10	125	\$ 139,505.06	\$ 1116.04	.007		\$ 13950.51	\$ 7.53
CO HOSPITAL INPATIENT TOTAL	3	103	139,256.00	1352.00	.006		46418.67	7.51
HSC HOSPITALS	3	103	139,256.00	1352.00	.006		46418.67	7.51
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	7	22	249.06	11.32	.001		35.58	.01
MEDICAL	1	2	19.81	9.91	.000		19.81	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	9	124.38	13.82	.000		124.38	.01
RADIOLOGY	1	1	16.49	16.49	.000		16.49	.00
ROOM USE	1	1	53.10	53.10	.000		53.10	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
18,531 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	764	1,757	\$ 395,360.66	\$ 225.02	.095	\$ 517.49	\$ 21.34
COMM HOSP INPATIENT TOTAL	141	116	343,682.94	2962.78	.006	2437.47	18.55
HSC HOSPITALS	2	32	46,720.00	1460.00	.002	23360.00	2.52
NON-HSC HOSPITALS TOTAL	11	84	164,614.95	1959.70	.005	14965.00	8.88
ACCOMMODATIONS	11	84	40,865.61	486.50	.005	3715.06	2.21
ADMINISTRATIVE DAYS	1	31	7,170.30	231.30	.002	7170.30	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	53	33,695.31	635.76	.003	3369.53	1.82
ANCILLARIES	11	0	123,749.34	.00	.000	11249.94	6.68
INPATIENT CROSSOVERS	128	0	132,347.99	.00	.000	1033.97	7.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	651	1,641	51,677.72	31.49	.089	79.38	2.79
MEDICAL	8	8	308.14	38.52	.000	38.52	.02
SURGERY	28	27	1,541.47	57.09	.001	55.05	.08
PATHOLOGY	30	98	1,135.21	11.58	.005	37.84	.06
RADIOLOGY	14	21	1,533.16	73.01	.001	109.51	.08
ROOM USE	53	83	3,640.99	43.87	.004	68.70	.20
CROSSOVERS/ALL OTH OUTPTNT	578	1,404	43,518.75	31.00	.076	75.29	2.35
@STATE HOSPITAL	7,466	230,326	\$ 116,764,791.11	\$ 506.95	12.429	\$ 15639.54	\$ 6301.05
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,466	230,326	116,764,791.11	506.95	12.429	15639.54	6301.05
@NURSING FACILITY	8,420	252,058	\$ 29,035,006.62	\$ 115.19	13.602	\$ 3448.34	\$ 1566.83
LEV A-INTERMEDIATE	0	0	.77	.00	.000	.00	.00
LEV B-REHAB MD	236	7,433	848,296.18	114.13	.401	3594.48	45.78
LEV B-SUBACUTE FREESTANDING	11	346	127,772.56	369.28	.019	11615.69	6.90
LEV B-SUBACUTE HSPTL BASED	15	471	216,194.47	459.01	.025	14412.96	11.67
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8,159	243,808	27,842,742.64	114.20	13.157	3412.52	1502.50
@INTERMEDIATE CARE FACIL.-DD	1,093	33,656	\$ 5,567,889.37	\$ 165.44	1.816	\$ 5094.13	\$ 300.46
ICF DDH	848	25,991	4,000,142.39	153.90	1.403	4717.15	215.86
ICF DD	10	323	35,832.12	110.94	.017	3583.21	1.93
ICF DDN/DDCN	236	7,342	1,531,914.86	208.65	.396	6491.16	82.67
@HEMODIALYSIS TOTAL	83	99	\$ 53,345.46	\$ 538.84	.005	\$ 642.72	\$ 2.88
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	83	99	53,345.46	538.84	.005	642.72	2.88
@REHABILITATION FACILITY	4	17	\$ 399.97	\$ 23.53	.001	\$ 99.99	\$.02
HOSPITAL BASED	1	5	189.94	37.99	.000	189.94	.01
INDEPENDENT FACILITY	3	12	210.03	17.50	.001	70.01	.01
@LABORATORY FACILITY	97	200	\$ 2,273.26	\$ 11.37	.011	\$ 23.44	\$.12
PATHOLOGY	95	196	2,261.90	11.54	.011	23.81	.12
XO AND OTHERS	2	4	11.36	2.84	.000	5.68	.00
@ORGANIZED OUTPATIENT CLINIC	163	238	\$ 10,918.59	\$ 45.88	.013	\$ 66.99	\$.59
CLINIC	2	3	26.57	8.86	.000	13.29	.00
SURGICENTER	2	3	425.47	141.82	.000	212.74	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	159	232	10,466.55	45.11	.013	65.83	.56
#CALIF DEPT OF HEALTH SERV							
MOP024	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,512
SONOMA COUNTY	FEE-FOR-SERVICE/DENTAL						03/14/05
	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

18,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,533	697,206	\$ 2,046,236.93	\$ 2.93	37.624	\$ 579.18	\$ 110.42
DURABLE MED. EQUIP.	405	2,232	252,048.69	112.93	.120	622.34	13.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	32	51	9,941.40	194.93	.003	310.67	.54
MEDICAL TRANSPORTATION	523	24,234	104,429.71	4.31	1.308	199.67	5.64
AMBULANCES/AIR TRANS	44	461	7,305.28	15.85	.025	166.03	.39
OTHER TRANS	445	23,552	94,777.32	4.02	1.271	212.98	5.11
OTHER SERVICES	39	221	2,347.11	10.62	.012	60.18	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	67	4,661.86	69.58	.004	932.37	.25
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	242	526	6,256.31	11.89	.028	25.85	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	147	247	929.99	3.77	.013	6.33	.05
PROSTHETIST/ORTHOTISTS	3	34	12.34	.36	.002	4.11	.00
PROSTHETICS	3	34	12.34	.36	.002	4.11	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	64	170	2,653.42	15.61	.009	41.46	.14
SPEECH AND AUDIOLOGY	445	1,333	60,289.56	45.23	.072	135.48	3.25
HOSPICE SERVICES	417	12,370	1,412,630.91	114.20	.668	3387.60	76.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	72	793.68	11.02	.004	158.74	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,584	655,870	191,589.06	.29	35.393	120.95	10.34
@CALIF. CHILDREN SERVICES*	5	52	\$ 571.91	\$ 11.00	.003	\$ 114.38	\$.03
@XOVER EXCLUDING STATE HOSP**	4,771	432,460	\$ 901,350.38	\$ 2.08	23.337	\$ 188.92	\$ 48.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

PAGE 15,513
03/14/05

28,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,276	693,345	\$ 36,953,386.48	\$ 53.30	24.674	\$ 1587.62	\$ 1315.07
@PHYSICIANS SERVICES	3,299	11,111	\$ 301,216.24	\$ 27.11	.395	\$ 91.31	\$ 10.72
OUTPATIENT VISITS	500	667	28,705.66	43.04	.024	57.41	1.02
OFFICE VISITS	358	480	16,240.65	33.83	.017	45.36	.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	148	172	11,982.21	69.66	.006	80.96	.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	14	15	482.80	32.19	.001	34.49	.02
INPATIENT VISITS	103	429	19,217.09	44.80	.015	186.57	.68
HOSPITAL VISITS	96	407	17,882.94	43.94	.014	186.28	.64
CRITICAL CARE	2	7	851.20	121.60	.000	425.60	.03
SNF/ICF/TRANS IP CARE	11	15	482.95	32.20	.001	43.90	.02
OPHTHALMOLOGICAL SERVICES	79	99	4,183.14	42.25	.004	52.95	.15

EXAMINATIONS	77	97		4,112.56	42.40	.003	53.41	.15
SERVICES AND MATERIALS	2	2		70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	42	198		18,087.93	91.35	.007	430.67	.64
PRINCIPAL SURGEON	25	28		13,066.88	466.67	.001	522.68	.47
ASSISTANT SURGEON	6	6		1,097.93	182.99	.000	182.99	.04
ANESTHESIOLOGIST	20	164		3,923.12	23.92	.006	196.16	.14
OUTPATIENT SURGERY	80	182		22,002.27	120.89	.006	275.03	.78
PRINCIPAL SURGEON	67	81		18,914.61	233.51	.003	282.31	.67
ASSISTANT SURGEON	4	4		343.65	85.91	.000	85.91	.01
ANESTHESIOLOGIST	21	97		2,744.01	28.29	.003	130.67	.10
DIALYSIS	52	66		13,056.82	197.83	.002	251.09	.46
PATHOLOGY	91	233		4,512.52	19.37	.008	49.59	.16
RADIOLOGY	385	766		40,635.95	53.05	.027	105.55	1.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	309		25,677.60	83.10	.011	675.73	.91
OTHER SERVICES/ALL X-OVERS	2,502	8,162		125,137.26	15.33	.290	50.01	4.45
@PHARMACY	17,679	222,958	\$	5,564,125.33	24.96	7.934	\$ 314.73	\$ 198.01
PRESCRIPTION DRUGS	17,410	88,853		5,458,918.73	61.44	3.162	313.55	194.27
SNF/ICF	6,767	47,835		2,594,978.48	54.25	1.702	383.48	92.35
OUTPATIENTS	10,715	41,018		2,863,940.25	69.82	1.460	267.28	101.92
MEDICAL SUPPLIES	1,227	134,105		105,206.60	.78	4.772	85.74	3.74
@DENTIST	1,048	3,096	\$	128,522.05	41.51	.110	\$ 122.64	\$ 4.57
VISITS - DIAGNOSTIC	837	2,074		34,756.00	16.76	.074	41.52	1.24
ORAL SURGERY	109	356		18,127.25	50.92	.013	166.31	.65
DRUGS	2	2		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	34	35		2,853.00	81.51	.001	83.91	.10
ENDODONTICS	14	20		4,110.00	205.50	.001	293.57	.15
RESTORATIVE DENTISTRY	97	259		14,126.05	54.54	.009	145.63	.50
PROSTHETICS	6	6		120.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	136	343		54,429.75	158.69	.012	400.22	1.94
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	1		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,514
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED							

	28,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	339	1,057	\$	18,688.92	\$ 17.68	.038	\$ 55.13	\$.67
DIAGNOSTIC AND ANC. PROCED	61	67		2,533.53	37.81	.002	41.53	.09
EYE APPLIANCES	297	932		15,156.88	16.26	.033	51.03	.54
OTHER OPTOMETRIC SERVICES	33	58		998.51	17.22	.002	30.26	.04
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	1	2		33.44	16.72	.000	33.44	.00
@PODIATRIST	1,439	2,277	\$	13,548.60	\$ 5.95	.081	\$ 9.42	\$.48
MEDICINE/INJECTIONS	7	16		410.38	25.65	.001	58.63	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	1,432	2,261		13,138.22	5.81	.080	9.17	.47
@HOME HEALTH AGENCY	41	188	\$	13,032.93	\$ 69.32	.007	\$ 317.88	\$.46
NURSE ANESTHESIST	2	8	\$	12.54	\$ 1.57	.000	\$ 6.27	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	100.83	\$	33.61	.000	\$	33.61	\$	.00
@TOTAL HOSPITAL	1,926	7,666	\$	1,486,861.90	\$	193.96	.273	\$	771.99	\$	52.91
HOSP INPATIENT TOTAL	340	480		1,298,488.85		2705.19	.017		3819.08		46.21
HSC HOSPITALS	11	121		196,287.00		1622.21	.004		17844.27		6.99
NON-HSC HOSPITAL TOTAL	77	359		878,943.33		2448.31	.013		11414.85		31.28
ACCOMMODATIONS	76	359		256,162.48		713.54	.013		3370.56		9.12
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	75	358		255,931.18		714.89	.013		3412.42		9.11
ANCILLARIES	77	0		622,780.85		.00	.000		8088.06		22.16
INPATIENT CROSSOVERS	253	0		223,258.52		.00	.000		882.44		7.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,693	7,186		188,373.05		26.21	.256		111.27		6.70
MEDICAL	300	471		16,346.99		34.71	.017		54.49		.58
SURGERY	69	78		4,373.64		56.07	.003		63.39		.16
PATHOLOGY	339	1,524		18,548.47		12.17	.054		54.72		.66
RADIOLOGY	265	399		31,630.13		79.27	.014		119.36		1.13
ROOM USE	314	429		17,638.21		41.11	.015		56.17		.63
CROSSOVERS/ALL OTH OUTPTNT	1,160	4,285		99,835.61		23.30	.152		86.07		3.55
@COUNTY HOSPITAL TOTAL	13	46	\$	4,947.63	\$	107.56	.002	\$	380.59	\$	.18
CO HOSPITAL INPATIENT TOTAL	2	3		3,834.00		1278.00	.000		1917.00		.14
HSC HOSPITALS	2	3		3,834.00		1278.00	.000		1917.00		.14
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	11	43	1,113.63	25.90	.002	101.24	.04
MEDICAL	2	6	354.61	59.10	.000	177.31	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	163.73	8.19	.001	81.87	.01
RADIOLOGY	1	2	33.97	16.99	.000	33.97	.00
ROOM USE	2	4	144.38	36.10	.000	72.19	.01
CROSSOVERS/ALL OTH OUTPTNT	10	11	416.94	37.90	.000	41.69	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,515
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	28,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,913	7,620	\$	1,481,914.27	\$ 194.48	.271	\$ 774.65	\$ 52.74
COMM HOSP INPATIENT TOTAL	338	477		1,294,654.85	2714.16	.017	3830.34	46.07
HSC HOSPITALS	9	118		192,453.00	1630.96	.004	21383.67	6.85
NON-HSC HOSPITALS TOTAL	77	359		878,943.33	2448.31	.013	11414.85	31.28
ACCOMMODATIONS	76	359		256,162.48	713.54	.013	3370.56	9.12
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	358		255,931.18	714.89	.013	3412.42	9.11
ANCILLARIES	77	0		622,780.85	.00	.000	8088.06	22.16
INPATIENT CROSSOVERS	253	0		223,258.52	.00	.000	882.44	7.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,682	7,143		187,259.42	26.22	.254	111.33	6.66
MEDICAL	298	465		15,992.38	34.39	.017	53.67	.57
SURGERY	69	78		4,373.64	56.07	.003	63.39	.16
PATHOLOGY	337	1,504		18,384.74	12.22	.054	54.55	.65
RADIOLOGY	264	397		31,596.16	79.59	.014	119.68	1.12
ROOM USE	312	425		17,493.83	41.16	.015	56.07	.62
CROSSOVERS/ALL OTH OUTPTNT	1,150	4,274		99,418.67	23.26	.152	86.45	3.54
@STATE HOSPITAL	8	279	\$	142,816.05	\$ 511.89	.010	\$ 17852.01	\$ 5.08
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	8	279		142,816.05	511.89	.010	17852.01	5.08
@NURSING FACILITY	7,852	232,335	\$	26,684,265.66	\$ 114.85	8.268	\$ 3398.40	\$ 949.62
LEV A-INTERMEDIATE	7	271		27,716.68	102.28	.010	3959.53	.99
LEV B-REHAB MD	17	549		54,875.08	99.95	.020	3227.95	1.95
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	53		39,674.01	748.57	.002	19837.01	1.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7,828	231,462		26,561,999.89	114.76	8.237	3393.20	945.27
@INTERMEDIATE CARE FACIL.-DD	49	1,538	\$	251,710.65	\$ 163.66	.055	\$ 5136.95	\$ 8.96
ICF DDH	36	1,097		169,371.24	154.39	.039	4704.76	6.03
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	13	441		82,339.41	186.71	.016	6333.80	2.93
@HEMODIALYSIS TOTAL	154	3,491	\$	210,752.11	\$ 60.37	.124	\$ 1368.52	\$ 7.50
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	154	3,491		210,752.11	60.37	.124	1368.52	7.50
@REHABILITATION FACILITY	3	6	\$	156.71	\$ 26.12	.000	\$ 52.24	\$.01
HOSPITAL BASED	3	6		156.71	26.12	.000	52.24	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	336	1,784	\$	19,009.22	\$ 10.66	.063	\$ 56.58	\$.68
PATHOLOGY	332	1,776		18,881.46	10.63	.063	56.87	.67
XO AND OTHERS	4	8		127.76	15.97	.000	31.94	.00
@ORGANIZED OUTPATIENT CLINIC	1,754	2,807	\$	207,374.98	\$ 73.88	.100	\$ 118.23	\$ 7.38
CLINIC	3	9		601.41	66.82	.000	200.47	.02

SURGICENTER	53	81	12,974.60	160.18	.003	244.80	.46
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,700	2,717	193,798.97	71.33	.097	114.00	6.90

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,516
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

28,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,278	202,738	\$ 1,911,141.60	\$ 9.43	7.215	\$ 583.02	\$ 68.01
DURABLE MED. EQUIP.	229	1,318	145,517.11	110.41	.047	635.45	5.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	69	108	23,332.44	216.04	.004	338.15	.83
MEDICAL TRANSPORTATION	554	37,657	125,363.12	3.33	1.340	226.29	4.46
AMBULANCES/AIR TRANS	50	283	5,540.03	19.58	.010	110.80	.20
OTHER TRANS	467	36,981	117,559.91	3.18	1.316	251.73	4.18
OTHER SERVICES	41	393	2,263.18	5.76	.014	55.20	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	56	608	42,360.32	69.67	.022	756.43	1.51
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	447	2,528	159,153.32	62.96	.090	356.05	5.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	337	798	9,174.00	11.50	.028	27.22	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	136	228	202.66	.89	.008	1.49	.01
PROSTHETIST/ORTHOTISTS	5	15	1,490.27	99.35	.001	298.05	.05
PROSTHETICS	5	15	1,490.27	99.35	.001	298.05	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	66	174	2,818.36	16.20	.006	42.70	.10
SPEECH AND AUDIOLOGY	155	355	21,720.06	61.18	.013	140.13	.77
HOSPICE SERVICES	406	11,507	1,304,264.49	113.35	.410	3212.47	46.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	5	52.00	10.40	.000	26.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,149	147,437	75,693.45	.51	5.247	65.88	2.69
@CALIF. CHILDREN SERVICES*	1	1	\$ 35.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5,830	91,919	\$ 1,100,993.78	\$ 11.98	3.271	\$ 188.85	\$ 39.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,517
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	54	1,996	\$ 283,350.72	\$ 141.96	18.481	\$ 5247.24	\$ 2623.62
@PHYSICIANS SERVICES	7	12	\$ 162.22	\$ 13.52	.111	\$ 23.17	\$ 1.50
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	12		162.22	13.52	.111	23.17	1.50
@PHARMACY	42	375	\$	19,002.48	\$ 50.67	3.472	\$ 452.44	\$ 175.95
PRESCRIPTION DRUGS	42	289		18,737.82	64.84	2.676	446.14	173.50
SNF/ICF	30	218		17,207.60	78.93	2.019	573.59	159.33
OUTPATIENTS	12	71		1,530.22	21.55	.657	127.52	14.17
MEDICAL SUPPLIES	2	86		264.66	3.08	.796	132.33	2.45
@DENTIST	3	6	\$	195.00	\$ 32.50	.056	\$ 65.00	\$ 1.81
VISITS - DIAGNOSTIC	3	4		95.00	23.75	.037	31.67	.88
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2		100.00	50.00	.019	50.00	.93
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,518								
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05								
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.028	\$ 53.11	\$.49	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	1	3	53.11	17.70	.028	53.11	.49	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	9	14	\$ 61.27	\$ 4.38	.130	\$ 6.81	\$.57	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	9	14		61.27	4.38	.130	6.81	.57
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	6	\$	940.53	\$ 156.76	.056	\$ 235.13	\$ 8.71
HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	8.11
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	8.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	6		64.53	10.76	.056	21.51	.60
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		64.53	10.76	.056	21.51	.60
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,519
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		6	\$ 940.53	\$ 156.76	.056	\$ 235.13	\$ 8.71
COMM HOSP INPATIENT TOTAL	1		0	876.00	.00	.000	876.00	8.11
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	8.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	6		64.53	10.76	.056	21.51	.60
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		64.53	10.76	.056	21.51	.60
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	37	988	\$	123,314.54	\$ 124.81	9.148	\$ 3332.83	\$ 1141.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	37	988		123,314.54	124.81	9.148	3332.83	1141.80
@INTERMEDIATE CARE FACIL.-DD	12	342	\$	137,367.26	\$ 401.66	3.167	\$ 11447.27	\$ 1271.92
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		90.54	.00	.000	.00	.84
ICF DDN/DDCN	12	342		137,276.72	401.39	3.167	11439.73	1271.08
@HEMODIALYSIS TOTAL	1	1	\$	435.84	\$ 435.84	.009	\$ 435.84	\$ 4.04
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		435.84	435.84	.009	435.84	4.04
@REHABILITATION FACILITY	3	12	\$	210.03	\$ 17.50	.111	\$ 70.01	\$ 1.94
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	3	12		210.03	17.50	.111	70.01	1.94
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$	326.63	\$ 32.66	.093	\$ 40.83	\$ 3.02
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	10		326.63	32.66	.093	40.83	3.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,520
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11		227	\$ 1,281.81	\$ 5.65	2.102	\$ 116.53	\$ 11.87
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5		163	495.14	3.04	1.509	99.03	4.58
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	3		157	482.05	3.07	1.454	160.68	4.46
OTHER SERVICES	2		6	13.09	2.18	.056	6.55	.12
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	26.08	13.04	.019	26.08	.24
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1		2	99.19	49.60	.019	99.19	.92
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4		60	661.40	11.02	.556	165.35	6.12
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3		12	\$ 210.03	\$ 17.50	.111	\$ 70.01	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	23		39	\$ 8,566.37	\$ 219.65	.361	\$ 372.45	\$ 79.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,521
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

	23,390 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23,083		1,181,748	\$ 139,811,246.48	\$ 118.31	50.524	\$ 6056.89	\$ 5977.39
@PHYSICIANS SERVICES	3,722		22,761	\$ 628,731.14	\$ 27.62	.973	\$ 168.92	\$ 26.88

OUTPATIENT VISITS	883	1,303	52,010.49	39.92	.056	58.90	2.22
OFFICE VISITS	639	936	28,910.71	30.89	.040	45.24	1.24
HOME VISITS	1	1	49.20	49.20	.000	49.20	.00
EMERGENCY ROOM	236	303	21,487.58	70.92	.013	91.05	.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	58	63	1,563.00	24.81	.003	26.95	.07
INPATIENT VISITS	429	2,307	101,214.28	43.87	.099	235.93	4.33
HOSPITAL VISITS	296	1,640	66,753.60	40.70	.070	225.52	2.85
CRITICAL CARE	46	157	17,261.39	109.95	.007	375.25	.74
SNF/ICF/TRANS IP CARE	134	510	17,199.29	33.72	.022	128.35	.74
OPHTHALMOLOGICAL SERVICES	71	90	3,496.49	38.85	.004	49.25	.15
EXAMINATIONS	71	90	3,496.49	38.85	.004	49.25	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	143	1,073	65,623.97	61.16	.046	458.91	2.81
PRINCIPAL SURGEON	99	149	49,413.88	331.64	.006	499.13	2.11
ASSISTANT SURGEON	11	13	2,859.86	219.99	.001	259.99	.12
ANESTHESIOLOGIST	52	911	13,350.23	14.65	.039	256.74	.57
OUTPATIENT SURGERY	229	628	53,866.94	85.78	.027	235.23	2.30
PRINCIPAL SURGEON	149	222	41,915.53	188.81	.009	281.31	1.79
ASSISTANT SURGEON	2	2	192.48	96.24	.000	96.24	.01
ANESTHESIOLOGIST	86	404	11,758.93	29.11	.017	136.73	.50
DIALYSIS	111	181	31,875.08	176.11	.008	287.16	1.36
PATHOLOGY	226	1,017	9,930.29	9.76	.043	43.94	.42
RADIOLOGY	630	1,496	76,957.39	51.44	.064	122.15	3.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	108	1,282	95,575.53	74.55	.055	884.96	4.09
OTHER SERVICES/ALL X-OVERS	2,271	13,384	138,180.68	10.32	.572	60.85	5.91
@PHARMACY	12,450	136,476	\$ 6,710,003.56	\$ 49.17	5.835	\$ 538.96	\$ 286.87
PRESCRIPTION DRUGS	12,261	61,283	6,588,875.99	107.52	2.620	537.38	281.70
SNF/ICF	1,833	13,418	1,202,964.32	89.65	.574	656.28	51.43
OUTPATIENTS	10,495	47,865	5,385,911.67	112.52	2.046	513.19	230.27
MEDICAL SUPPLIES	1,065	75,193	121,127.57	1.61	3.215	113.73	5.18
@DENTIST	927	3,967	\$ 142,369.04	\$ 35.89	.170	\$ 153.58	\$ 6.09
VISITS - DIAGNOSTIC	663	2,470	33,173.76	13.43	.106	50.04	1.42
ORAL SURGERY	139	465	24,329.24	52.32	.020	175.03	1.04
DRUGS	5	5	25.00	5.00	.000	5.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.01
PERIODONTICS	76	80	10,691.00	133.64	.003	140.67	.46
ENDODONTICS	33	42	9,260.00	220.48	.002	280.61	.40
RESTORATIVE DENTISTRY	229	585	33,019.04	56.44	.025	144.19	1.41
PROSTHETICS	8	8	180.00	22.50	.000	22.50	.01
DENTURES, STAYPLATES	92	296	31,391.00	106.05	.013	341.21	1.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	13	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							
----- MONTHLY AVERAGE -----							
23,390 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	366	1,054	\$ 19,867.37	\$ 18.85	.045	\$ 54.28	\$.85
DIAGNOSTIC AND ANC. PROCED	94	97	4,112.14	42.39	.004	43.75	.18

EYE APPLIANCES	317	913		14,561.34		15.95	.039	45.93	.62
OTHER OPTOMETRIC SERVICES	30	44		1,193.89		27.13	.002	39.80	.05
@CHIROPRACTOR	7	19	\$	286.03	\$	15.05	.001	40.86	\$.01
VISITS	5	14		234.08		16.72	.001	46.82	.01
OTHER SERVICES	2	5		51.95		10.39	.000	25.98	.00
@PODIATRIST	341	570	\$	4,439.96	\$	7.79	.024	13.02	\$.19
MEDICINE/INJECTIONS	13	14		468.80		33.49	.001	36.06	.02
SURGERY/ANES.	1	1		7.00		7.00	.000	7.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	328	555		3,964.16		7.14	.024	12.09	.17
@HOME HEALTH AGENCY	172	16,501	\$	505,103.10	\$	30.61	.705	2936.65	\$21.59
NURSE ANESTHESIST	4	42	\$	161.01	\$	3.83	.002	40.25	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	2	3	\$	68.70	\$	22.90	.000	34.35	\$.00
FAMILY NURSE PRACTITIONER	4	4	\$	121.10	\$	30.28	.000	30.28	\$.01
@TOTAL HOSPITAL	2,686	12,402	\$	3,235,689.26	\$	260.90	.530	1204.65	\$138.34
HOSP INPATIENT TOTAL	353	1,232		2,906,883.29		2359.48	.053	8234.80	124.28
HSC HOSPITALS	31	316		425,182.97		1345.52	.014	13715.58	18.18
NON-HSC HOSPITAL TOTAL	138	916		2,289,562.82		2499.52	.039	16591.03	97.89
ACCOMMODATIONS	138	916		576,832.22		629.73	.039	4179.94	24.66
ADMINISTRATIVE DAYS	2	38		7,748.55		203.91	.002	3874.28	.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	136	878		569,083.67		648.16	.038	4184.44	24.33
ANCILLARIES	138	0		1,712,730.60		.00	.000	12411.09	73.22
INPATIENT CROSSOVERS	186	0		192,137.50		.00	.000	1033.00	8.21
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,439	11,170		328,805.97		29.44	.478	134.81	14.06
MEDICAL	498	791		35,395.12		44.75	.034	71.07	1.51
SURGERY	169	182		10,056.47		55.26	.008	59.51	.43
PATHOLOGY	525	2,676		28,781.82		10.76	.114	54.82	1.23
RADIOLOGY	341	525		52,499.09		100.00	.022	153.96	2.24
ROOM USE	648	976		41,521.01		42.54	.042	64.08	1.78
CROSSOVERS/ALL OTH OUTPTNT	1,598	6,020		160,552.46		26.67	.257	100.47	6.86
@COUNTY HOSPITAL TOTAL	18	207	\$	204,613.04	\$	988.47	.009	11367.39	\$8.75
CO HOSPITAL INPATIENT TOTAL	6	157		203,433.24		1295.75	.007	33905.54	8.70
HSC HOSPITALS	6	145		196,040.00		1352.00	.006	32673.33	8.38
NON-HSC HOSPITALS TOTAL	1	12		7,393.24		616.10	.001	7393.24	.32
ACCOMMODATIONS	1	12		2,775.60		231.30	.001	2775.60	.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	12		2,775.60		231.30	.001	2775.60	.12
ANCILLARIES	1	0		4,617.64		.00	.000	4617.64	.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	50		1,179.80		23.60	.002	84.27	.05
MEDICAL	5	8		190.09		23.76	.000	38.02	.01
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	10		144.42		14.44	.000	72.21	.01
RADIOLOGY	2	2		33.03		16.52	.000	16.52	.00
ROOM USE	7	9		450.66		50.07	.000	64.38	.02
CROSSOVERS/ALL OTH OUTPTNT	9	21		361.60		17.22	.001	40.18	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,523
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

23,390 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,670	12,195	\$ 3,031,076.22	\$ 248.55	.521	\$ 1135.23	\$ 129.59
COMM HOSP INPATIENT TOTAL	348	1,075	2,703,450.05	2514.84	.046	7768.53	115.58
HSC HOSPITALS	25	171	229,142.97	1340.02	.007	9165.72	9.80
NON-HSC HOSPITALS TOTAL	138	904	2,282,169.58	2524.52	.039	16537.46	97.57
ACCOMMODATIONS	138	904	574,056.62	635.02	.039	4159.83	24.54
ADMINISTRATIVE DAYS	2	38	7,748.55	203.91	.002	3874.28	.33
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	136	866	566,308.07	653.94	.037	4164.03	24.21
ANCILLARIES	138	0	1,708,112.96	.00	.000	12377.63	73.03
INPATIENT CROSSOVERS	186	0	192,137.50	.00	.000	1033.00	8.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,425	11,120	327,626.17	29.46	.475	135.10	14.01
MEDICAL	493	783	35,205.03	44.96	.033	71.41	1.51
SURGERY	169	182	10,056.47	55.26	.008	59.51	.43
PATHOLOGY	523	2,666	28,637.40	10.74	.114	54.76	1.22
RADIOLOGY	339	523	52,466.06	100.32	.022	154.77	2.24
ROOM USE	641	967	41,070.35	42.47	.041	64.07	1.76
CROSSOVERS/ALL OTH OUTPTNT	1,589	5,999	160,190.86	26.70	.256	100.81	6.85
@STATE HOSPITAL	7,463	230,199	\$ 116,741,215.60	\$ 507.13	9.842	\$ 15642.67	\$ 4991.07
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7,463	230,199	116,741,215.60	507.13	9.842	15642.67	4991.07
@NURSING FACILITY	1,117	32,632	\$ 4,583,618.51	\$ 140.46	1.395	\$ 4103.51	\$ 195.96
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	239	7,597	891,035.15	117.29	.325	3728.18	38.09
LEV B-SUBACUTE FREESTANDING	11	346	127,772.56	369.28	.015	11615.69	5.46
LEV B-SUBACUTE HSPTL BASED	31	1,195	601,188.30	503.09	.051	19393.17	25.70
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	843	23,494	2,963,622.50	126.14	1.004	3515.57	126.70
@INTERMEDIATE CARE FACIL.-DD	1,045	32,140	\$ 5,247,074.36	\$ 163.26	1.374	\$ 5021.12	\$ 224.33
ICF DDH	813	24,894	3,833,017.00	153.97	1.064	4714.66	163.87
ICF DD	10	323	35,741.58	110.66	.014	3574.16	1.53
ICF DDN/DDCN	223	6,923	1,378,315.78	199.09	.296	6180.79	58.93
@HEMODIALYSIS TOTAL	355	13,947	\$ 576,005.75	\$ 41.30	.596	\$ 1622.55	\$ 24.63
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	355	13,947	576,005.75	41.30	.596	1622.55	24.63
@REHABILITATION FACILITY	85	1,225	\$ 19,117.82	\$ 15.61	.052	\$ 224.92	\$.82
HOSPITAL BASED	16	246	4,956.91	20.15	.011	309.81	.21
INDEPENDENT FACILITY	70	979	14,160.91	14.46	.042	202.30	.61
@LABORATORY FACILITY	543	2,980	\$ 36,908.32	\$ 12.39	.127	\$ 67.97	\$ 1.58
PATHOLOGY	518	2,885	36,330.89	12.59	.123	70.14	1.55
XO AND OTHERS	25	95	577.43	6.08	.004	23.10	.02
@ORGANIZED OUTPATIENT CLINIC	1,943	4,030	\$ 285,040.29	\$ 70.73	.172	\$ 146.70	\$ 12.19
CLINIC	42	112	2,881.76	25.73	.005	68.61	.12
SURGICENTER	22	48	5,197.86	108.29	.002	236.27	.22
HEROIN DETOX CLINIC	11	137	1,659.19	12.11	.006	150.84	.07
RURAL HEALTH CLINIC	1,881	3,733	275,301.48	73.75	.160	146.36	11.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

23,390 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,431	670,796	\$	1,075,425.56	\$ 1.60	28.679	\$ 313.44	\$ 45.98
DURABLE MED. EQUIP.	403	1,732		260,368.70	150.33	.074	646.08	11.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	21	28	3,232.26	115.44	.001	153.92	.14
MEDICAL TRANSPORTATION	462	57,147	204,506.49	3.58	2.443	442.65	8.74
AMBULANCES/AIR TRANS	133	1,307	22,649.17	17.33	.056	170.29	.97
OTHER TRANS	295	55,649	170,763.35	3.07	2.379	578.86	7.30
OTHER SERVICES	43	191	11,093.97	58.08	.008	258.00	.47
ACUPUNCTURE	16	47	775.47	16.50	.002	48.47	.03
ADULT DAY HEALTH CARE CTR	13	192	13,369.80	69.63	.008	1028.45	.57
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	45	440	21,378.82	48.59	.019	475.08	.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	355	794	8,945.73	11.27	.034	25.20	.38
PHYSICAL THERAPIST	9	43	567.73	13.20	.002	63.08	.02
PORTABLE X-RAY	30	51	780.61	15.31	.002	26.02	.03
PROSTHETIST/ORTHOTISTS	23	144	15,948.46	110.75	.006	693.41	.68
PROSTHETICS	23	144	15,948.46	110.75	.006	693.41	.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	97	910.92	9.39	.004	47.94	.04
SPEECH AND AUDIOLOGY	393	1,245	56,110.89	45.07	.053	142.78	2.40
HOSPICE SERVICES	61	1,738	230,689.18	132.73	.074	3781.79	9.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	113	4,527	35,657.96	7.88	.194	315.56	1.52
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.050	5689.86	1.22
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,770	601,396	193,628.24	.32	25.712	109.39	8.28
@CALIF. CHILDREN SERVICES*	169	5,109	\$ 137,468.79	\$ 26.91	.218	\$ 813.42	\$ 5.88
@XOVER EXCLUDING STATE HOSP**	4,545	401,038	\$ 915,318.82	\$ 2.28	17.146	\$ 201.39	\$ 39.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 15,525
03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

194,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	72,608	357,045	\$ 26,245,522.28	\$ 73.51	1.834	\$ 361.47	\$ 134.82
@PHYSICIANS SERVICES	22,289	57,060	\$ 2,897,404.56	\$ 50.78	.293	\$ 129.99	\$ 14.88
OUTPATIENT VISITS	14,263	18,830	704,457.85	37.41	.097	49.39	3.62
OFFICE VISITS	7,729	9,864	284,025.23	28.79	.051	36.75	1.46
HOME VISITS	1	2	50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	5,683	6,640	328,011.98	49.40	.034	57.72	1.69
PREVENTIVE CARE	175	179	6,995.98	39.08	.001	39.98	.04
OB VISITS/COMPRE PERI	460	1,028	57,494.21	55.93	.005	124.99	.30
OTHER OUTPATIENT	992	1,117	27,880.05	24.96	.006	28.10	.14
INPATIENT VISITS	1,428	4,871	314,921.64	64.65	.025	220.53	1.62
HOSPITAL VISITS	1,338	3,811	175,929.94	46.16	.020	131.49	.90
CRITICAL CARE	190	1,058	138,924.20	131.31	.005	731.18	.71
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.000	33.75	.00
OPHTHALMOLOGICAL SERVICES	312	378	16,472.93	43.58	.002	52.80	.08
EXAMINATIONS	308	377	16,344.94	43.36	.002	53.07	.08
SERVICES AND MATERIALS	4	1	127.99	127.99	.000	32.00	.00
INPATIENT HOSPITAL SURGERY	1,559	8,280	728,449.19	87.98	.043	467.25	3.74
PRINCIPAL SURGEON	964	1,178	556,416.79	472.34	.006	577.20	2.86
ASSISTANT SURGEON	130	134	22,696.46	169.38	.001	174.59	.12
ANESTHESIOLOGIST	725	6,968	149,335.94	21.43	.036	205.98	.77
OUTPATIENT SURGERY	1,848	4,723	296,010.80	62.67	.024	160.18	1.52
PRINCIPAL SURGEON	1,493	1,904	228,482.77	120.00	.010	153.04	1.17
ASSISTANT SURGEON	29	29	2,738.12	94.42	.000	94.42	.01
ANESTHESIOLOGIST	440	2,790	64,789.91	23.22	.014	147.25	.33
DIALYSIS	64	97	18,722.44	193.01	.000	292.54	.10
PATHOLOGY	2,164	4,098	72,880.02	17.78	.021	33.68	.37
RADIOLOGY	5,849	9,018	334,776.79	37.12	.046	57.24	1.72
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	321	2,444	116,013.34	47.47	.013	361.41	.60
OTHER SERVICES/ALL X-OVERS	1,970	4,320	294,670.38	68.21	.022	149.58	1.51
@PHARMACY	29,923	82,871	\$ 3,801,353.94	\$ 45.87	.426	\$ 127.04	\$ 19.53
PRESCRIPTION DRUGS	29,665	66,989	3,704,703.41	55.30	.344	124.88	19.03
SNF/ICF	12	57	20,204.68	354.47	.000	1683.72	.10
OUTPATIENTS	29,654	66,932	3,684,498.73	55.05	.344	124.25	18.93
MEDICAL SUPPLIES	1,032	15,882	96,650.53	6.09	.082	93.65	.50
@DENTIST	6,865	34,723	\$ 1,044,849.42	\$ 30.09	.178	\$ 152.20	\$ 5.37
VISITS - DIAGNOSTIC	5,031	22,129	313,027.51	14.15	.114	62.22	1.61
ORAL SURGERY	1,030	2,378	142,725.50	60.02	.012	138.57	.73
DRUGS	49	57	986.68	17.31	.000	20.14	.01
ANESTHESIA	54	55	4,600.00	83.64	.000	85.19	.02
PERIODONTICS	101	107	9,365.22	87.53	.001	92.72	.05
ENDODONTICS	592	1,196	127,006.15	106.19	.006	214.54	.65
RESTORATIVE DENTISTRY	2,549	7,816	388,593.50	49.72	.040	152.45	2.00
PROSTHETICS	14	13	300.00	23.08	.000	21.43	.00
DENTURES, STAYPLATES	88	373	35,146.00	94.23	.002	399.39	.18
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02
MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	216	258	15,079.94	58.45	.001	69.81	.08
ALL OTHER SERVICES	203	280	1,161.00	4.15	.001	5.72	.01

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

194,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1,428	4,350	\$ 97,521.08	\$ 22.42	.022	\$ 68.29	\$.50
DIAGNOSTIC AND ANC. PROCED	1,013	1,084	45,884.64	42.33	.006	45.30	.24
EYE APPLIANCES	1,066	3,193	47,976.29	15.03	.016	45.01	.25
OTHER OPTOMETRIC SERVICES	67	73	3,660.15	50.14	.000	54.63	.02
@CHIROPRACTOR	123	289	\$ 4,727.91	\$ 16.36	.001	\$ 38.44	\$.02
VISITS	121	286	4,690.13	16.40	.001	38.76	.02
OTHER SERVICES	2	3	37.78	12.59	.000	18.89	.00
@PODIATRIST	31	45	\$ 1,498.97	\$ 33.31	.000	\$ 48.35	\$.01
MEDICINE/INJECTIONS	28	34	1,193.80	35.11	.000	42.64	.01
SURGERY/ANES.	3	3	65.95	21.98	.000	21.98	.00
RADIO./PATHOLOGY	4	6	131.48	21.91	.000	32.87	.00
OTHER	1	2	107.74	53.87	.000	107.74	.00
@HOME HEALTH AGENCY	346	799	\$ 50,017.48	\$ 62.60	.004	\$ 144.56	\$.26
NURSE ANESTHESIST	8	148	2,204.95	14.90	.001	275.62	.01
NURSE MIDWIFE	583	4,250	\$ 141,133.65	\$ 33.21	.022	\$ 242.08	\$.73
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	7	19	\$ 415.29	\$ 21.86	.000	\$ 59.33	\$.00
@TOTAL HOSPITAL	19,483	79,218	\$ 13,727,197.46	\$ 173.28	.407	\$ 704.57	\$ 70.52
HOSP INPATIENT TOTAL	1,515	6,704	11,606,195.64	1731.23	.034	7660.86	59.62
HSC HOSPITALS	165	1,157	1,875,701.59	1621.18	.006	11367.89	9.64
NON-HSC HOSPITAL TOTAL	1,357	5,547	9,722,636.75	1752.77	.028	7164.80	49.95
ACCOMMODATIONS	1,355	5,547	3,538,378.46	637.89	.028	2611.35	18.18
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,352	5,516	3,531,208.16	640.18	.028	2611.84	18.14
ANCILLARIES	1,357	0	6,184,258.29	.00	.000	4557.30	31.77
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18,550	72,514	2,121,001.82	29.25	.373	114.34	10.90
MEDICAL	6,653	9,145	321,112.06	35.11	.047	48.27	1.65
SURGERY	1,851	2,229	101,361.46	45.47	.011	54.76	.52
PATHOLOGY	5,931	21,210	263,596.53	12.43	.109	44.44	1.35
RADIOLOGY	4,565	6,150	419,780.96	68.26	.032	91.96	2.16
ROOM USE	12,193	16,281	612,518.14	37.62	.084	50.24	3.15
CROSSOVERS/ALL OTH OUTPTNT	6,168	17,499	402,632.67	23.01	.090	65.28	2.07
@COUNTY HOSPITAL TOTAL	67	367	\$ 152,677.53	\$ 416.02	.002	\$ 2278.77	\$.78
CO HOSPITAL INPATIENT TOTAL	7	106	141,724.00	1337.02	.001	20246.29	.73
HSC HOSPITALS	7	106	141,724.00	1337.02	.001	20246.29	.73
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	62	261	10,953.53	41.97	.001	176.67	.06
MEDICAL	23	30	1,247.01	41.57	.000	54.22	.01
SURGERY	11	18	584.81	32.49	.000	53.16	.00
PATHOLOGY	17	69	1,730.20	25.08	.000	101.78	.01
RADIOLOGY	12	17	1,263.13	74.30	.000	105.26	.01
ROOM USE	41	75	3,902.44	52.03	.000	95.18	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
194,664 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	19,428	78,851	\$ 13,574,519.93	\$ 172.15	.405	\$ 698.71	\$ 69.73
COMM HOSP INPATIENT TOTAL	1,509	6,598	11,464,471.64	1737.57	.034	7597.40	58.89
HSC HOSPITALS	158	1,051	1,733,977.59	1649.84	.005	10974.54	8.91
NON-HSC HOSPITALS TOTAL	1,357	5,547	9,722,636.75	1752.77	.028	7164.80	49.95
ACCOMMODATIONS	1,355	5,547	3,538,378.46	637.89	.028	2611.35	18.18
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,352	5,516	3,531,208.16	640.18	.028	2611.84	18.14
ANCILLARIES	1,357	0	6,184,258.29	.00	.000	4557.30	31.77
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18,499	72,253	2,110,048.29	29.20	.371	114.06	10.84
MEDICAL	6,630	9,115	319,865.05	35.09	.047	48.25	1.64
SURGERY	1,841	2,211	100,776.65	45.58	.011	54.74	.52
PATHOLOGY	5,915	21,141	261,866.33	12.39	.109	44.27	1.35
RADIOLOGY	4,555	6,133	418,517.83	68.24	.032	91.88	2.15
ROOM USE	12,157	16,206	608,615.70	37.55	.083	50.06	3.13
CROSSOVERS/ALL OTH OUTPTNT	6,141	17,447	400,406.73	22.95	.090	65.20	2.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	36	\$ 4,627.36	\$ 128.54	.000	\$ 1156.84	\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	3	360.81	120.27	.000	360.81	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	5	2,765.75	553.15	.000	2765.75	.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	28	1,500.80	53.60	.000	750.40	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	129	4,838	\$ 203,554.20	\$ 42.07	.025	\$ 1577.94	\$ 1.05
HOSPITAL BASED	1	13	2,801.34	215.49	.000	2801.34	.01
HEMODIALYSIS CENTER	128	4,825	200,752.86	41.61	.025	1568.38	1.03
@REHABILITATION FACILITY	82	1,152	\$ 17,942.78	\$ 15.58	.006	\$ 218.81	\$.09
HOSPITAL BASED	10	73	2,038.33	27.92	.000	203.83	.01
INDEPENDENT FACILITY	72	1,079	15,904.45	14.74	.006	220.90	.08
@LABORATORY FACILITY	5,876	17,311	\$ 258,335.53	\$ 14.92	.089	\$ 43.96	\$ 1.33
PATHOLOGY	5,868	17,291	258,098.87	14.93	.089	43.98	1.33
XO AND OTHERS	9	20	236.66	11.83	.000	26.30	.00
@ORGANIZED OUTPATIENT CLINIC	18,851	33,870	\$ 3,467,507.33	\$ 102.38	.174	\$ 183.94	\$ 17.81
CLINIC	1,582	5,791	177,797.09	30.70	.030	112.39	.91
SURGICENTER	38	171	6,801.47	39.77	.001	178.99	.03
HEROIN DETOX CLINIC	23	276	3,388.16	12.28	.001	147.31	.02
RURAL HEALTH CLINIC	17,287	27,632	3,279,520.61	118.69	.142	189.71	16.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,528
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

194,664 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,689	36,066	\$ 525,230.37	\$ 14.56	.185	\$ 112.01	\$ 2.70
DURABLE MED. EQUIP.	202	601	68,185.01	113.45	.003	337.55	.35
BLOOD BANK	2	3	420.75	140.25	.000	210.38	.00
HEARING AID DISPENSERS	11	31	9,059.01	292.23	.000	823.55	.05
MEDICAL TRANSPORTATION	708	10,465	157,939.90	15.09	.054	223.08	.81
AMBULANCES/AIR TRANS	692	6,139	109,625.24	17.86	.032	158.42	.56
OTHER TRANS	12	4,292	8,313.87	1.94	.022	692.82	.04
OTHER SERVICES	26	34	40,000.79	1176.49	.000	1538.49	.21
ACUPUNCTURE	51	135	2,307.27	17.09	.001	45.24	.01
ADULT DAY HEALTH CARE CTR	1	9	636.66	70.74	.000	636.66	.00
GENETIC DISEASE TESTING	271	271	28,359.00	104.65	.001	104.65	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	399.45	199.73	.000	399.45	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,160	2,562	23,288.00	9.09	.013	20.08	.12
PHYSICAL THERAPIST	20	104	1,522.93	14.64	.001	76.15	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	79	304	50,979.83	167.70	.002	645.31	.26
PROSTHETICS	79	304	50,979.83	167.70	.002	645.31	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	25	950.25	38.01	.000	95.03	.00
SPEECH AND AUDIOLOGY	130	296	18,247.54	61.65	.002	140.37	.09
HOSPICE SERVICES	3	24	2,776.32	115.68	.000	925.44	.01
NONINST BIRTHING CENTERS	28	28	27,322.29	975.80	.000	975.80	.14
LOCAL EDUCATION AGENCIES	1,883	12,351	126,182.42	10.22	.063	67.01	.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	197	8,855	6,653.74	.75	.045	33.78	.03
@CALIF. CHILDREN SERVICES*	864	14,030	\$ 2,815,855.37	\$ 200.70	.072	\$ 3259.09	\$ 14.47
@XOVER EXCLUDING STATE HOSP**	307	1,845	\$ 71,441.01	\$ 38.72	.009	\$ 232.71	\$.37

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 15,529
03/14/05

246,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	119,021	2,234,134	\$ 203,293,505.96	\$ 90.99	9.072	\$ 1708.05	\$ 825.52
@PHYSICIANS SERVICES	29,317	90,944	\$ 3,827,514.16	\$ 42.09	.369	\$ 130.56	\$ 15.54
OUTPATIENT VISITS	15,646	20,800	785,174.00	37.75	.084	50.18	3.19
OFFICE VISITS	8,726	11,280	329,176.59	29.18	.046	37.72	1.34
HOME VISITS	2	3	99.60	33.20	.000	49.80	.00
EMERGENCY ROOM	6,067	7,115	361,481.77	50.81	.029	59.58	1.47
PREVENTIVE CARE	175	179	6,995.98	39.08	.001	39.98	.03
OB VISITS/COMPRE PERI	460	1,028	57,494.21	55.93	.004	124.99	.23
OTHER OUTPATIENT	1,064	1,195	29,925.85	25.04	.005	28.13	.12
INPATIENT VISITS	1,960	7,607	435,353.01	57.23	.031	222.12	1.77
HOSPITAL VISITS	1,730	5,858	260,566.48	44.48	.024	150.62	1.06
CRITICAL CARE	238	1,222	157,036.79	128.51	.005	659.82	.64
SNF/ICF/TRANS IP CARE	147	527	17,749.74	33.68	.002	120.75	.07
OPHTHALMOLOGICAL SERVICES	462	567	24,152.56	42.60	.002	52.28	.10

EXAMINATIONS	456	564	23,953.99	42.47	.002	52.53	.10
SERVICES AND MATERIALS	6	3	198.57	66.19	.000	33.10	.00
INPATIENT HOSPITAL SURGERY	1,744	9,551	812,161.09	85.03	.039	465.69	3.30
PRINCIPAL SURGEON	1,088	1,355	618,897.55	456.75	.006	568.84	2.51
ASSISTANT SURGEON	147	153	26,654.25	174.21	.001	181.32	.11
ANESTHESIOLOGIST	797	8,043	166,609.29	20.71	.033	209.05	.68
OUTPATIENT SURGERY	2,157	5,533	371,880.01	67.21	.022	172.41	1.51
PRINCIPAL SURGEON	1,709	2,207	289,312.91	131.09	.009	169.29	1.17
ASSISTANT SURGEON	35	35	3,274.25	93.55	.000	93.55	.01
ANESTHESIOLOGIST	547	3,291	79,292.85	24.09	.013	144.96	.32
DIALYSIS	227	344	63,654.34	185.04	.001	280.42	.26
PATHOLOGY	2,481	5,348	87,322.83	16.33	.022	35.20	.35
RADIOLOGY	6,864	11,280	452,370.13	40.10	.046	65.90	1.84
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	467	4,035	237,266.47	58.80	.016	508.07	.96
OTHER SERVICES/ALL X-OVERS	6,750	25,878	558,150.54	21.57	.105	82.69	2.27
@PHARMACY	60,094	442,680	\$ 16,094,485.31	\$ 36.36	1.798	\$ 267.82	\$ 65.36
PRESCRIPTION DRUGS	59,378	217,414	15,771,235.95	72.54	.883	265.61	64.04
SNF/ICF	8,642	61,528	3,835,355.08	62.34	.250	443.80	15.57
OUTPATIENTS	50,876	155,886	11,935,880.87	76.57	.633	234.61	48.47
MEDICAL SUPPLIES	3,326	225,266	323,249.36	1.43	.915	97.19	1.31
@DENTIST	8,843	41,792	\$ 1,315,935.51	\$ 31.49	.170	\$ 148.81	\$ 5.34
VISITS - DIAGNOSTIC	6,534	26,677	381,052.27	14.28	.108	58.32	1.55
ORAL SURGERY	1,278	3,199	185,181.99	57.89	.013	144.90	.75
DRUGS	56	64	1,011.68	15.81	.000	18.07	.00
ANESTHESIA	57	58	4,900.00	84.48	.000	85.96	.02
PERIODONTICS	211	222	22,909.22	103.19	.001	108.57	.09
ENDODONTICS	639	1,258	140,376.15	111.59	.005	219.68	.57
RESTORATIVE DENTISTRY	2,875	8,660	435,738.59	50.32	.035	151.56	1.77
PROSTHETICS	28	27	600.00	22.22	.000	21.43	.00
DENTURES, STAYPLATES	318	1,014	121,066.75	119.40	.004	380.71	.49
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02

MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	216	258	15,079.94	58.45	.001	69.81	.06
ALL OTHER SERVICES	224	294	1,161.00	3.95	.001	5.18	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,530
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

246,262 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,134	6,464	\$	136,130.48	\$ 21.06	.026	\$ 63.79	\$.55
DIAGNOSTIC AND ANC. PROCED	1,168	1,248		52,530.31	42.09	.005	44.97	.21
EYE APPLIANCES	1,681	5,041		77,747.62	15.42	.020	46.25	.32
OTHER OPTOMETRIC SERVICES	130	175		5,852.55	33.44	.001	45.02	.02
@CHIROPRACTOR	132	311	\$	5,064.10	\$ 16.28	.001	\$ 38.36	\$.02
VISITS	127	301		4,940.93	16.42	.001	38.90	.02
OTHER SERVICES	5	10		123.17	12.32	.000	24.63	.00
@PODIATRIST	1,820	2,906	\$	19,548.80	\$ 6.73	.012	\$ 10.74	\$.08
MEDICINE/INJECTIONS	48	64		2,072.98	32.39	.000	43.19	.01
SURGERY/ANES.	4	4		72.95	18.24	.000	18.24	.00
RADIO./PATHOLOGY	4	6		131.48	21.91	.000	32.87	.00
OTHER	1,770	2,832		17,271.39	6.10	.011	9.76	.07
@HOME HEALTH AGENCY	559	17,488	\$	568,153.51	\$ 32.49	.071	\$ 1016.37	\$ 2.31
NURSE ANESTHESIST	14	198	\$	2,378.50	\$ 12.01	.001	\$ 169.89	\$.01
NURSE MIDWIFE	583	4,250	\$	141,133.65	\$ 33.21	.017	\$ 242.08	\$.57
PEDIATRIC NURSE PRACTITIONER	2	3	\$	68.70	\$ 22.90	.000	\$ 34.35	\$.00
FAMILY NURSE PRACTITIONER	14	26	\$	637.22	\$ 24.51	.000	\$ 45.52	\$.00
@TOTAL HOSPITAL	24,099	99,292	\$	18,450,689.15	\$ 185.82	.403	\$ 765.62	\$ 74.92
HOSP INPATIENT TOTAL	2,209	8,416		15,812,443.78	1878.86	.034	7158.19	64.21
HSC HOSPITALS	207	1,594		2,497,171.56	1566.61	.006	12063.63	10.14
NON-HSC HOSPITAL TOTAL	1,572	6,822		12,891,142.90	1889.64	.028	8200.47	52.35
ACCOMMODATIONS	1,569	6,822		4,371,373.16	640.78	.028	2786.09	17.75
ADMINISTRATIVE DAYS	6	70		15,150.15	216.43	.000	2525.03	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,563	6,752		4,356,223.01	645.18	.027	2787.09	17.69
ANCILLARIES	1,572	0		8,519,769.74	.00	.000	5419.70	34.60
INPATIENT CROSSOVERS	448	0		424,129.32	.00	.000	946.72	1.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22,685	90,876		2,638,245.37	29.03	.369	116.30	10.71
MEDICAL	7,451	10,407		372,854.17	35.83	.042	50.04	1.51
SURGERY	2,089	2,489		115,791.57	46.52	.010	55.43	.47
PATHOLOGY	6,795	25,410		310,926.82	12.24	.103	45.76	1.26
RADIOLOGY	5,171	7,074		503,910.18	71.23	.029	97.45	2.05
ROOM USE	13,155	17,686		671,677.36	37.98	.072	51.06	2.73
CROSSOVERS/ALL OTH OUTPTNT	8,929	27,810		663,085.27	23.84	.113	74.26	2.69
@COUNTY HOSPITAL TOTAL	98	620	\$	362,238.20	\$ 584.26	.003	\$ 3696.31	\$ 1.47
CO HOSPITAL INPATIENT TOTAL	15	266		348,991.24	1312.00	.001	23266.08	1.42
HSC HOSPITALS	15	254		341,598.00	1344.87	.001	22773.20	1.39
NON-HSC HOSPITALS TOTAL	1	12		7,393.24	616.10	.000	7393.24	.03
ACCOMMODATIONS	1	12		2,775.60	231.30	.000	2775.60	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	12		2,775.60	231.30	.000	2775.60	.01
ANCILLARIES	1	0		4,617.64	.00	.000	4617.64	.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	87	354	13,246.96	37.42	.001	152.26	.05
MEDICAL	30	44	1,791.71	40.72	.000	59.72	.01
SURGERY	11	18	584.81	32.49	.000	53.16	.00
PATHOLOGY	21	99	2,038.35	20.59	.000	97.06	.01
RADIOLOGY	15	21	1,330.13	63.34	.000	88.68	.01
ROOM USE	50	88	4,497.48	51.11	.000	89.95	.02
CROSSOVERS/ALL OTH OUTPTNT	48	84	3,004.48	35.77	.000	62.59	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,531
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						----- MONTHLY AVERAGE -----			
246,262 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	24,015	98,672	\$ 18,088,450.95	\$ 183.32	.401	\$ 753.21	\$ 73.45		
COMM HOSP INPATIENT TOTAL	2,196	8,150	15,463,452.54	1897.36	.033	7041.65	62.79		
HSC HOSPITALS	192	1,340	2,155,573.56	1608.64	.005	11226.95	8.75		
NON-HSC HOSPITALS TOTAL	1,572	6,810	12,883,749.66	1891.89	.028	8195.77	52.32		
ACCOMMODATIONS	1,569	6,810	4,368,597.56	641.50	.028	2784.32	17.74		
ADMINISTRATIVE DAYS	6	70	15,150.15	216.43	.000	2525.03	.06		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1,563	6,740	4,353,447.41	645.91	.027	2785.32	17.68		
ANCILLARIES	1,572	0	8,515,152.10	.00	.000	5416.76	34.58		
INPATIENT CROSSOVERS	448	0	424,129.32	.00	.000	946.72	1.72		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	22,609	90,522	2,624,998.41	29.00	.368	116.10	10.66		
MEDICAL	7,421	10,363	371,062.46	35.81	.042	50.00	1.51		
SURGERY	2,079	2,471	115,206.76	46.62	.010	55.41	.47		
PATHOLOGY	6,775	25,311	308,888.47	12.20	.103	45.59	1.25		
RADIOLOGY	5,158	7,053	502,580.05	71.26	.029	97.44	2.04		
ROOM USE	13,110	17,598	667,179.88	37.91	.071	50.89	2.71		
CROSSOVERS/ALL OTH OUTPTNT	8,883	27,726	660,080.79	23.81	.113	74.31	2.68		
@STATE HOSPITAL	7,471	230,478	\$ 116,884,031.65	\$ 507.14	.936	\$ 15645.03	\$ 474.63		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	7,471	230,478	116,884,031.65	507.14	.936	15645.03	474.63		
@NURSING FACILITY	9,010	265,991	\$ 31,395,826.07	\$ 118.03	1.080	\$ 3484.55	\$ 127.49		
LEV A-INTERMEDIATE	7	271	27,716.68	102.28	.001	3959.53	.11		
LEV B-REHAB MD	257	8,149	946,271.04	116.12	.033	3681.99	3.84		
LEV B-SUBACUTE FREESTANDING	11	346	127,772.56	369.28	.001	11615.69	.52		
LEV B-SUBACUTE HSPTL BASED	34	1,253	643,628.06	513.67	.005	18930.24	2.61		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	8,710	255,972	29,650,437.73	115.83	1.039	3404.18	120.40		
@INTERMEDIATE CARE FACIL.-DD	1,106	34,020	\$ 5,636,152.27	\$ 165.67	.138	\$ 5095.98	\$ 22.89		
ICF DDH	849	25,991	4,002,388.24	153.99	.106	4714.24	16.25		
ICF DD	10	323	35,832.12	110.94	.001	3583.21	.15		
ICF DDN/DDCN	248	7,706	1,597,931.91	207.36	.031	6443.27	6.49		
@HEMODIALYSIS TOTAL	639	22,277	\$ 990,747.90	\$ 44.47	.090	\$ 1550.47	\$ 4.02		
HOSPITAL BASED	1	13	2,801.34	215.49	.000	2801.34	.01		
HEMODIALYSIS CENTER	638	22,264	987,946.56	44.37	.090	1548.51	4.01		
@REHABILITATION FACILITY	173	2,395	\$ 37,427.34	\$ 15.63	.010	\$ 216.34	\$.15		
HOSPITAL BASED	29	325	7,151.95	22.01	.001	246.62	.03		
INDEPENDENT FACILITY	145	2,070	30,275.39	14.63	.008	208.80	.12		
@LABORATORY FACILITY	6,755	22,075	\$ 314,253.07	\$ 14.24	.090	\$ 46.52	\$ 1.28		
PATHOLOGY	6,718	21,952	313,311.22	14.27	.089	46.64	1.27		
XO AND OTHERS	38	123	941.85	7.66	.000	24.79	.00		
@ORGANIZED OUTPATIENT CLINIC	22,556	40,717	\$ 3,960,249.23	\$ 97.26	.165	\$ 175.57	\$ 16.08		
CLINIC	1,627	5,912	181,280.26	30.66	.024	111.42	.74		

SURGICENTER	113	300	24,973.93	83.25	.001	221.01	.10
HEROIN DETOX CLINIC	34	413	5,047.35	12.22	.002	148.45	.02
RURAL HEALTH CLINIC	20,876	34,092	3,748,947.69	109.97	.138	179.58	15.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,532

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
246,262 ELIGIBLES							
@ALL OTHER PROVIDERS	11,409	909,827	\$ 3,513,079.34	\$ 3.86	3.695	\$ 307.92	\$ 14.27
DURABLE MED. EQUIP.	834	3,651	474,070.82	129.85	.015	568.43	1.93
BLOOD BANK	2	3	420.75	140.25	.000	210.38	.00
HEARING AID DISPENSERS	101	167	35,623.71	213.32	.001	352.71	.14
MEDICAL TRANSPORTATION	1,729	105,432	488,304.65	4.63	.428	282.42	1.98
AMBULANCES/AIR TRANS	875	7,729	137,814.44	17.83	.031	157.50	.56
OTHER TRANS	777	97,079	297,119.18	3.06	.394	382.39	1.21
OTHER SERVICES	112	624	53,371.03	85.53	.003	476.53	.22
ACUPUNCTURE	67	182	3,082.74	16.94	.001	46.01	.01
ADULT DAY HEALTH CARE CTR	70	809	56,366.78	69.67	.003	805.24	.23
GENETIC DISEASE TESTING	272	272	28,464.00	104.65	.001	104.65	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	493	2,970	180,931.59	60.92	.012	367.00	.73
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,853	4,156	41,433.81	9.97	.017	22.36	.17
PHYSICAL THERAPIST	29	147	2,090.66	14.22	.001	72.09	.01
PORTABLE X-RAY	166	279	983.27	3.52	.001	5.92	.00
PROSTHETIST/ORTHOTISTS	107	463	68,418.56	147.77	.002	639.43	.28
PROSTHETICS	107	463	68,418.56	147.77	.002	639.43	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	95	296	4,679.53	15.81	.001	49.26	.02
SPEECH AND AUDIOLOGY	679	1,898	96,177.68	50.67	.008	141.65	.39
HOSPICE SERVICES	470	13,269	1,537,729.99	115.89	.054	3271.77	6.24
NONINST BIRTHING CENTERS	28	28	27,322.29	975.80	.000	975.80	.11
LOCAL EDUCATION AGENCIES	2,002	16,943	162,553.78	9.59	.069	81.20	.66
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.005	5689.86	.12
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,116	757,688	275,975.43	.36	3.077	88.57	1.12
@CALIF. CHILDREN SERVICES*	1,037	19,152	\$ 2,953,569.19	\$ 154.22	.078	\$ 2848.19	\$ 11.99
@XOVER EXCLUDING STATE HOSP**	10,705	494,841	\$ 2,096,319.98	\$ 4.24	2.009	\$ 195.83	\$ 8.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,533
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,788 ELIGIBLES							
@TOTAL, ALL PROVIDERS	12,502	43,595	\$ 2,764,855.54	\$ 63.42	1.913	\$ 221.15	\$ 121.33
@PHYSICIANS SERVICES	2,677	6,330	\$ 269,781.62	\$ 42.62	.278	\$ 100.78	\$ 11.84
OUTPATIENT VISITS	1,866	2,463	90,722.74	36.83	.108	48.62	3.98
OFFICE VISITS	998	1,278	38,207.88	29.90	.056	38.28	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	757	884	42,098.50	47.62	.039	55.61	1.85
PREVENTIVE CARE	19	19	702.88	36.99	.001	36.99	.03
OB VISITS/COMPRE PERI	45	142	5,975.67	42.08	.006	132.79	.26

OTHER OUTPATIENT	120	140		3,737.81	26.70	.006	31.15	.16
INPATIENT VISITS	150	478		30,563.68	63.94	.021	203.76	1.34
HOSPITAL VISITS	143	382		17,889.26	46.83	.017	125.10	.79
CRITICAL CARE	19	96		12,674.42	132.03	.004	667.07	.56
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	32	34		1,598.44	47.01	.001	49.95	.07
EXAMINATIONS	32	34		1,598.44	47.01	.001	49.95	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	119	1,152		61,390.99	53.29	.051	515.89	2.69
PRINCIPAL SURGEON	73	93		47,650.54	512.37	.004	652.75	2.09
ASSISTANT SURGEON	3	3		767.15	255.72	.000	255.72	.03
ANESTHESIOLOGIST	65	1,056		12,973.30	12.29	.046	199.59	.57
OUTPATIENT SURGERY	176	461		25,701.26	55.75	.020	146.03	1.13
PRINCIPAL SURGEON	144	178		18,129.90	101.85	.008	125.90	.80
ASSISTANT SURGEON	2	2		139.99	70.00	.000	70.00	.01
ANESTHESIOLOGIST	46	281		7,431.37	26.45	.012	161.55	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	161	299		5,507.05	18.42	.013	34.21	.24
RADIOLOGY	663	946		22,946.15	24.26	.042	34.61	1.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	64		19,460.78	304.07	.003	627.77	.85
OTHER SERVICES/ALL X-OVERS	180	433		11,890.53	27.46	.019	66.06	.52
@PHARMACY	3,666	11,597	\$	338,673.45	\$ 29.20	.509	\$ 92.38	\$ 14.86
PRESCRIPTION DRUGS	3,639	6,811		330,254.86	48.49	.299	90.75	14.49
SNF/ICF	5	32		368.99	11.53	.001	73.80	.02
OUTPATIENTS	3,634	6,779		329,885.87	48.66	.297	90.78	14.48
MEDICAL SUPPLIES	97	4,786		8,418.59	1.76	.210	86.79	.37
@DENTIST	700	4,229	\$	130,511.38	\$ 30.86	.186	\$ 186.44	\$ 5.73
VISITS - DIAGNOSTIC	537	2,689		41,251.03	15.34	.118	76.82	1.81
ORAL SURGERY	109	272		20,445.60	75.17	.012	187.57	.90
DRUGS	8	8		150.00	18.75	.000	18.75	.01
ANESTHESIA	6	6		484.00	80.67	.000	80.67	.02
PERIODONTICS	4	4		318.50	79.63	.000	79.63	.01
ENDODONTICS	59	144		13,971.00	97.02	.006	236.80	.61
RESTORATIVE DENTISTRY	264	1,011		50,540.75	49.99	.044	191.44	2.22
PROSTHETICS	2	3		60.00	20.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7		353.00	50.43	.000	353.00	.02
SPACE MAINTAINERS	2	2		120.00	60.00	.000	60.00	.01
MAXILLOFACIAL SERVICES	2	4		150.00	37.50	.000	75.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	44		2,517.50	57.22	.002	86.81	.11
ALL OTHER SERVICES	28	35		150.00	4.29	.002	5.36	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,534
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

						----- MONTHLY AVERAGE -----			
22,788 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	175	519	\$ 11,929.07	\$ 22.98	.023	\$ 68.17	\$.52		
DIAGNOSTIC AND ANC. PROCED	136	152	6,249.96	41.12	.007	45.96	.27		
EYE APPLIANCES	124	356	5,100.36	14.33	.016	41.13	.22		
OTHER OPTOMETRIC SERVICES	10	11	578.75	52.61	.000	57.88	.03		
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.000	\$ 50.16	\$.00		
VISITS	1	3	50.16	16.72	.000	50.16	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	25	42	\$	2,338.98	\$ 55.69	.002	\$ 93.56	\$.10
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	89	777	\$	18,447.46	\$ 23.74	.034	\$ 207.27	\$.81
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	90.51	\$ 30.17	.000	\$ 45.26	\$.00
@TOTAL HOSPITAL	2,529	8,737	\$	1,150,888.89	\$ 131.73	.383	\$ 455.08	\$ 50.50
HOSP INPATIENT TOTAL	143	578		911,132.42	1576.35	.025	6371.56	39.98
HSC HOSPITALS	25	131		212,566.02	1622.64	.006	8502.64	9.33
NON-HSC HOSPITAL TOTAL	119	447		698,566.40	1562.79	.020	5870.31	30.66
ACCOMMODATIONS	119	447		250,589.88	560.60	.020	2105.80	11.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	119	447		250,589.88	560.60	.020	2105.80	11.00
ANCILLARIES	119	0		447,976.52	.00	.000	3764.51	19.66
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,441	8,159		239,756.47	29.39	.358	98.22	10.52
MEDICAL	903	1,197		42,292.95	35.33	.053	46.84	1.86
SURGERY	200	238		9,721.48	40.85	.010	48.61	.43
PATHOLOGY	650	2,170		25,990.64	11.98	.095	39.99	1.14
RADIOLOGY	564	700		44,572.09	63.67	.031	79.03	1.96
ROOM USE	1,599	2,111		79,253.72	37.54	.093	49.56	3.48
CROSSOVERS/ALL OTH OUTPTNT	704	1,743		37,925.59	21.76	.076	53.87	1.66
@COUNTY HOSPITAL TOTAL	18	131	\$	14,555.80	\$ 111.11	.006	\$ 808.66	\$.64
CO HOSPITAL INPATIENT TOTAL	2	10		11,120.00	1112.00	.000	5560.00	.49
HSC HOSPITALS	2	10		11,120.00	1112.00	.000	5560.00	.49
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	121	3,435.80	28.40	.005	202.11	.15
MEDICAL	8	10	414.51	41.45	.000	51.81	.02
SURGERY	5	7	280.06	40.01	.000	56.01	.01
PATHOLOGY	6	52	783.78	15.07	.002	130.63	.03
RADIOLOGY	5	6	382.11	63.69	.000	76.42	.02
ROOM USE	15	25	1,310.25	52.41	.001	87.35	.06
CROSSOVERS/ALL OTH OUTPTNT	8	21	265.09	12.62	.001	33.14	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,535
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

22,788 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,513	8,606	\$ 1,136,333.09	\$ 132.04	.378	\$ 452.18	\$ 49.87
COMM HOSP INPATIENT TOTAL	141	568	900,012.42	1584.53	.025	6383.07	39.50
HSC HOSPITALS	23	121	201,446.02	1664.84	.005	8758.52	8.84
NON-HSC HOSPITALS TOTAL	119	447	698,566.40	1562.79	.020	5870.31	30.66
ACCOMMODATIONS	119	447	250,589.88	560.60	.020	2105.80	11.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	119	447	250,589.88	560.60	.020	2105.80	11.00
ANCILLARIES	119	0	447,976.52	.00	.000	3764.51	19.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,425	8,038	236,320.67	29.40	.353	97.45	10.37
MEDICAL	895	1,187	41,878.44	35.28	.052	46.79	1.84
SURGERY	195	231	9,441.42	40.87	.010	48.42	.41
PATHOLOGY	645	2,118	25,206.86	11.90	.093	39.08	1.11
RADIOLOGY	560	694	44,189.98	63.67	.030	78.91	1.94
ROOM USE	1,585	2,086	77,943.47	37.37	.092	49.18	3.42
CROSSOVERS/ALL OTH OUTPTNT	696	1,722	37,660.50	21.87	.076	54.11	1.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	25	210	\$ 3,480.88	\$ 16.58	.009	\$ 139.24	\$.15
HOSPITAL BASED	1	2	148.58	74.29	.000	148.58	.01

INDEPENDENT FACILITY	24	208		3,332.30	16.02	.009	138.85	.15
@LABORATORY FACILITY	698	1,805	\$	26,499.55	\$ 14.68	.079	\$ 37.96	\$ 1.16
PATHOLOGY	698	1,804		26,488.15	14.68	.079	37.95	1.16
XO AND OTHERS	1	1		11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	5,628	8,000	\$	779,315.43	\$ 97.41	.351	\$ 138.47	\$ 34.20
CLINIC	418	1,187		35,434.30	29.85	.052	84.77	1.55
SURGICENTER	2	12		303.34	25.28	.001	151.67	.01
HEROIN DETOX CLINIC	2	31		379.77	12.25	.001	189.89	.02
RURAL HEALTH CLINIC	5,210	6,770		743,198.02	109.78	.297	142.65	32.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,536
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

22,788 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	380	1,343	\$ 32,848.16	\$ 24.46	.059	\$ 86.44	\$ 1.44
DURABLE MED. EQUIP.	29	69	6,311.06	91.46	.003	217.62	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	13	156.86	12.07	.001	52.29	.01
MEDICAL TRANSPORTATION	66	569	7,986.38	14.04	.025	121.01	.35
AMBULANCES/AIR TRANS	66	569	7,986.38	14.04	.025	121.01	.35
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	26	26	2,730.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	130	281	2,353.43	8.38	.012	18.10	.10
PHYSICAL THERAPIST	1	2	43.84	21.92	.000	43.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	2,411.57	172.26	.001	482.31	.11
PROSTHETICS	5	14	2,411.57	172.26	.001	482.31	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	77	4,230.44	54.94	.003	117.51	.19
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	3,320.04	1106.68	.000	1106.68	.15
LOCAL EDUCATION AGENCIES	64	270	3,139.05	11.63	.012	49.05	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	19	165.49	8.71	.001	9.19	.01
@CALIF. CHILDREN SERVICES*	239	4,182	\$ 385,233.77	\$ 92.12	.184	\$ 1611.86	\$ 16.91
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,537
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	304	2,011	\$ 306,426.45	\$ 152.38	10.529	\$ 1007.98	\$ 1604.33
@PHYSICIANS SERVICES	131	577	\$ 122,735.62	\$ 212.71	3.021	\$ 936.91	\$ 642.59

OUTPATIENT VISITS	50	75	3,742.36	49.90	.393	74.85	19.59
OFFICE VISITS	12	17	610.12	35.89	.089	50.84	3.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	51	2,828.79	55.47	.267	80.82	14.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	303.45	43.35	.037	50.58	1.59
INPATIENT VISITS	22	55	3,778.22	68.69	.288	171.74	19.78
HOSPITAL VISITS	20	50	2,896.09	57.92	.262	144.80	15.16
CRITICAL CARE	4	5	882.13	176.43	.026	220.53	4.62
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	11.19	11.19	.005	11.19	.06
EXAMINATIONS	1	1	11.19	11.19	.005	11.19	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	125	12,209.36	97.67	.654	530.84	63.92
PRINCIPAL SURGEON	13	16	9,365.69	585.36	.084	720.44	49.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	109	2,843.67	26.09	.571	189.58	14.89
OUTPATIENT SURGERY	22	86	4,963.49	57.72	.450	225.61	25.99
PRINCIPAL SURGEON	12	23	3,527.12	153.35	.120	293.93	18.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	63	1,436.37	22.80	.330	143.64	7.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	31	925.79	29.86	.162	84.16	4.85
RADIOLOGY	42	75	2,324.75	31.00	.393	55.35	12.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	129	94,780.46	734.73	.675	4308.20	496.23
@PHARMACY	35	91	10,973.90	120.59	.476	313.54	57.45
PRESCRIPTION DRUGS	32	88	10,954.01	124.48	.461	342.31	57.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	32	88	10,954.01	124.48	.461	342.31	57.35
MEDICAL SUPPLIES	3	3	19.89	6.63	.016	6.63	.10
@DENTIST	29	214	2,601.00	12.15	1.120	89.69	13.62
VISITS - DIAGNOSTIC	20	100	473.00	4.73	.524	23.65	2.48
ORAL SURGERY	4	17	717.00	42.18	.089	179.25	3.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.005	100.00	.52
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	14	142.00	10.14	.073	35.50	.74
RESTORATIVE DENTISTRY	15	72	1,169.00	16.24	.377	77.93	6.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	10	.00	.00	.052	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,538
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 125.10	\$ 15.64	.042	\$ 41.70	\$.65
DIAGNOSTIC AND ANC. PROCED	2	2	39.44	19.72	.010	19.72	.21

EYE APPLIANCES	2	6		85.66	14.28	.031	42.83	.45
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.010	\$ 104.99	\$.55
NURSE ANESTHESIST	1	8	\$	150.05	\$ 18.76	.042	\$ 150.05	\$.79
NURSE MIDWIFE	1	1	\$	24.00	\$ 24.00	.005	\$ 24.00	\$.13
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	127	764	\$	160,127.16	\$ 209.59	4.000	\$ 1260.84	\$ 838.36
HOSP INPATIENT TOTAL	23	68		144,297.10	2122.02	.356	6273.79	755.48
HSC HOSPITALS	5	26		39,756.00	1529.08	.136	7951.20	208.15
NON-HSC HOSPITAL TOTAL	18	42		104,541.10	2489.07	.220	5807.84	547.34
ACCOMMODATIONS	18	42		21,364.07	508.67	.220	1186.89	111.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	42		21,364.07	508.67	.220	1186.89	111.85
ANCILLARIES	18	0		83,177.03	.00	.000	4620.95	435.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	109	696		15,830.06	22.74	3.644	145.23	82.88
MEDICAL	30	53		1,336.97	25.23	.277	44.57	7.00
SURGERY	21	29		978.54	33.74	.152	46.60	5.12
PATHOLOGY	53	311		2,726.25	8.77	1.628	51.44	14.27
RADIOLOGY	38	63		4,640.89	73.66	.330	122.13	24.30
ROOM USE	80	120		4,408.81	36.74	.628	55.11	23.08
CROSSOVERS/ALL OTH OUTPTNT	49	120		1,738.60	14.49	.628	35.48	9.10
@COUNTY HOSPITAL TOTAL	1	4	\$	60.25	\$ 15.06	.021	\$ 60.25	\$.32
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4		60.25	15.06	.021	60.25	.32
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		5.90	5.90	.005	5.90	.03
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		26.31	13.16	.010	26.31	.14
ROOM USE	1	1		28.04	28.04	.005	28.04	.15
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,539
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

191 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	760	\$	160,066.91	\$ 210.61	3.979	\$ 1270.37	\$ 838.05
COMM HOSP INPATIENT TOTAL	23	68		144,297.10	2122.02	.356	6273.79	755.48
HSC HOSPITALS	5	26		39,756.00	1529.08	.136	7951.20	208.15
NON-HSC HOSPITALS TOTAL	18	42		104,541.10	2489.07	.220	5807.84	547.34
ACCOMMODATIONS	18	42		21,364.07	508.67	.220	1186.89	111.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	42		21,364.07	508.67	.220	1186.89	111.85
ANCILLARIES	18	0		83,177.03	.00	.000	4620.95	435.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	108	692		15,769.81	22.79	3.623	146.02	82.56
MEDICAL	30	53		1,336.97	25.23	.277	44.57	7.00
SURGERY	20	28		972.64	34.74	.147	48.63	5.09
PATHOLOGY	53	311		2,726.25	8.77	1.628	51.44	14.27
RADIOLOGY	37	61		4,614.58	75.65	.319	124.72	24.16
ROOM USE	79	119		4,380.77	36.81	.623	55.45	22.94
CROSSOVERS/ALL OTH OUTPTNT	49	120		1,738.60	14.49	.628	35.48	9.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	9	\$	178.80	\$	19.87	.047	\$ 29.80	\$.94
PATHOLOGY	6	9		178.80		19.87	.047	29.80	.94
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	30	\$	3,118.35	\$	103.95	.157	\$ 148.49	\$ 16.33
CLINIC	1	3		91.14		30.38	.016	91.14	.48
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	20	27		3,027.21		112.12	.141	151.36	15.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,540
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17		307	\$ 6,287.48	\$ 20.48	1.607	\$ 369.85	\$ 32.92
DURABLE MED. EQUIP.	1		2	237.28	118.64	.010	237.28	1.24
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		278	5,731.34	20.62	1.455	573.13	30.01
AMBULANCES/AIR TRANS	9		170	2,384.74	14.03	.890	264.97	12.49
OTHER TRANS	1		106	196.60	1.85	.555	196.60	1.03
OTHER SERVICES	2		2	3,150.00	1575.00	.010	1575.00	16.49
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	2		4	33.28	8.32	.021	16.64	.17
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3		22	277.57	12.62	.115	92.52	1.45
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1		1	8.01	8.01	.005	8.01	.04
@CALIF. CHILDREN SERVICES*	46		608	\$ 179,936.41	\$ 295.95	3.183	\$ 3911.66	\$ 942.08
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

22,979 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	12,806	45,606	\$ 3,071,281.99	\$ 67.34	1.985	\$ 239.83	\$ 133.66
@PHYSICIANS SERVICES	2,808	6,907	\$ 392,517.24	\$ 56.83	.301	\$ 139.79	\$ 17.08
OUTPATIENT VISITS	1,916	2,538	94,465.10	37.22	.110	49.30	4.11
OFFICE VISITS	1,010	1,295	38,818.00	29.98	.056	38.43	1.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	792	935	44,927.29	48.05	.041	56.73	1.96
PREVENTIVE CARE	19	19	702.88	36.99	.001	36.99	.03
OB VISITS/COMPRE PERI	45	142	5,975.67	42.08	.006	132.79	.26
OTHER OUTPATIENT	126	147	4,041.26	27.49	.006	32.07	.18
INPATIENT VISITS	172	533	34,341.90	64.43	.023	199.66	1.49
HOSPITAL VISITS	163	432	20,785.35	48.11	.019	127.52	.90
CRITICAL CARE	23	101	13,556.55	134.22	.004	589.42	.59
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33	35	1,609.63	45.99	.002	48.78	.07
EXAMINATIONS	33	35	1,609.63	45.99	.002	48.78	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	142	1,277	73,600.35	57.64	.056	518.31	3.20
PRINCIPAL SURGEON	86	109	57,016.23	523.08	.005	662.98	2.48
ASSISTANT SURGEON	3	3	767.15	255.72	.000	255.72	.03
ANESTHESIOLOGIST	80	1,165	15,816.97	13.58	.051	197.71	.69
OUTPATIENT SURGERY	198	547	30,664.75	56.06	.024	154.87	1.33
PRINCIPAL SURGEON	156	201	21,657.02	107.75	.009	138.83	.94
ASSISTANT SURGEON	2	2	139.99	70.00	.000	70.00	.01
ANESTHESIOLOGIST	56	344	8,867.74	25.78	.015	158.35	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	172	330	6,432.84	19.49	.014	37.40	.28
RADIOLOGY	705	1,021	25,270.90	24.75	.044	35.85	1.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	31	64	19,460.78	304.07	.003	627.77	.85
OTHER SERVICES/ALL X-OVERS	202	562	106,670.99	189.81	.024	528.07	4.64
@PHARMACY	3,701	11,688	\$ 349,647.35	\$ 29.92	.509	\$ 94.47	\$ 15.22
PRESCRIPTION DRUGS	3,671	6,899	341,208.87	49.46	.300	92.95	14.85
SNF/ICF	5	32	368.99	11.53	.001	73.80	.02
OUTPATIENTS	3,666	6,867	340,839.88	49.63	.299	92.97	14.83
MEDICAL SUPPLIES	100	4,789	8,438.48	1.76	.208	84.38	.37
@DENTIST	729	4,443	\$ 133,112.38	\$ 29.96	.193	\$ 182.60	\$ 5.79
VISITS - DIAGNOSTIC	557	2,789	41,724.03	14.96	.121	74.91	1.82
ORAL SURGERY	113	289	21,162.60	73.23	.013	187.28	.92
DRUGS	8	8	150.00	18.75	.000	18.75	.01
ANESTHESIA	7	7	584.00	83.43	.000	83.43	.03
PERIODONTICS	4	4	318.50	79.63	.000	79.63	.01
ENDODONTICS	63	158	14,113.00	89.32	.007	224.02	.61
RESTORATIVE DENTISTRY	279	1,083	51,709.75	47.75	.047	185.34	2.25
PROSTHETICS	2	3	60.00	20.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	353.00	50.43	.000	353.00	.02
SPACE MAINTAINERS	2	2	120.00	60.00	.000	60.00	.01
MAXILLOFACIAL SERVICES	2	4	150.00	37.50	.000	75.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	44	2,517.50	57.22	.002	86.81	.11
ALL OTHER SERVICES	30	45	150.00	3.33	.002	5.00	.01

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

22,979 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	178	527	\$ 12,054.17	\$ 22.87	.023	\$ 67.72	\$.52
DIAGNOSTIC AND ANC. PROCED	138	154	6,289.40	40.84	.007	45.58	.27
EYE APPLIANCES	126	362	5,186.02	14.33	.016	41.16	.23
OTHER OPTOMETRIC SERVICES	10	11	578.75	52.61	.000	57.88	.03
@CHIROPRACTOR	1	3	\$ 50.16	\$ 16.72	.000	\$ 50.16	\$.00
VISITS	1	3	50.16	16.72	.000	50.16	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	26	44	\$ 2,443.97	\$ 55.54	.002	\$ 94.00	\$.11
NURSE ANESTHESIST	1	8	\$ 150.05	\$ 18.76	.000	\$ 150.05	\$.01
NURSE MIDWIFE	90	778	\$ 18,471.46	\$ 23.74	.034	\$ 205.24	\$.80
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 90.51	\$ 30.17	.000	\$ 45.26	\$.00
@TOTAL HOSPITAL	2,656	9,501	\$ 1,311,016.05	\$ 137.99	.413	\$ 493.61	\$ 57.05
HOSP INPATIENT TOTAL	166	646	1,055,429.52	1633.79	.028	6358.01	45.93
HSC HOSPITALS	30	157	252,322.02	1607.15	.007	8410.73	10.98
NON-HSC HOSPITAL TOTAL	137	489	803,107.50	1642.35	.021	5862.10	34.95
ACCOMMODATIONS	137	489	271,953.95	556.14	.021	1985.07	11.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	137	489	271,953.95	556.14	.021	1985.07	11.83
ANCILLARIES	137	0	531,153.55	.00	.000	3877.03	23.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,550	8,855	255,586.53	28.86	.385	100.23	11.12
MEDICAL	933	1,250	43,629.92	34.90	.054	46.76	1.90
SURGERY	221	267	10,700.02	40.07	.012	48.42	.47
PATHOLOGY	703	2,481	28,716.89	11.57	.108	40.85	1.25
RADIOLOGY	602	763	49,212.98	64.50	.033	81.75	2.14
ROOM USE	1,679	2,231	83,662.53	37.50	.097	49.83	3.64
CROSSOVERS/ALL OTH OUTPTNT	753	1,863	39,664.19	21.29	.081	52.67	1.73
@COUNTY HOSPITAL TOTAL	19	135	\$ 14,616.05	\$ 108.27	.006	\$ 769.27	\$.64
CO HOSPITAL INPATIENT TOTAL	2	10	11,120.00	1112.00	.000	5560.00	.48
HSC HOSPITALS	2	10	11,120.00	1112.00	.000	5560.00	.48
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	125	3,496.05	27.97	.005	194.23	.15
MEDICAL	8	10	414.51	41.45	.000	51.81	.02
SURGERY	6	8	285.96	35.75	.000	47.66	.01
PATHOLOGY	6	52	783.78	15.07	.002	130.63	.03
RADIOLOGY	6	8	408.42	51.05	.000	68.07	.02
ROOM USE	16	26	1,338.29	51.47	.001	83.64	.06

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
22,979 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,639	9,366	\$ 1,296,400.00	\$ 138.42	.408	\$ 491.25	\$ 56.42
COMM HOSP INPATIENT TOTAL	164	636	1,044,309.52	1642.00	.028	6367.74	45.45
HSC HOSPITALS	28	147	241,202.02	1640.83	.006	8614.36	10.50
NON-HSC HOSPITALS TOTAL	137	489	803,107.50	1642.35	.021	5862.10	34.95
ACCOMMODATIONS	137	489	271,953.95	556.14	.021	1985.07	11.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	137	489	271,953.95	556.14	.021	1985.07	11.83
ANCILLARIES	137	0	531,153.55	.00	.000	3877.03	23.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,533	8,730	252,090.48	28.88	.380	99.52	10.97
MEDICAL	925	1,240	43,215.41	34.85	.054	46.72	1.88
SURGERY	215	259	10,414.06	40.21	.011	48.44	.45
PATHOLOGY	698	2,429	27,933.11	11.50	.106	40.02	1.22
RADIOLOGY	597	755	48,804.56	64.64	.033	81.75	2.12
ROOM USE	1,664	2,205	82,324.24	37.34	.096	49.47	3.58
CROSSOVERS/ALL OTH OUTPTNT	745	1,842	39,399.10	21.39	.080	52.88	1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	25	210	\$ 3,480.88	\$ 16.58	.009	\$ 139.24	\$.15
HOSPITAL BASED	1	2	148.58	74.29	.000	148.58	.01
INDEPENDENT FACILITY	24	208	3,332.30	16.02	.009	138.85	.15
@LABORATORY FACILITY	704	1,814	\$ 26,678.35	\$ 14.71	.079	\$ 37.90	\$ 1.16
PATHOLOGY	704	1,813	26,666.95	14.71	.079	37.88	1.16
XO AND OTHERS	1	1	11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	5,649	8,030	\$ 782,433.78	\$ 97.44	.349	\$ 138.51	\$ 34.05
CLINIC	419	1,190	35,525.44	29.85	.052	84.79	1.55
SURGICENTER	2	12	303.34	25.28	.001	151.67	.01
HEROIN DETOX CLINIC	2	31	379.77	12.25	.001	189.89	.02
RURAL HEALTH CLINIC	5,230	6,797	746,225.23	109.79	.296	142.68	32.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,544
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

22,979 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	397	1,650	\$ 39,135.64	\$ 23.72	.072	\$ 98.58	\$ 1.70
DURABLE MED. EQUIP.	30	71	6,548.34	92.23	.003	218.28	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	13	156.86	12.07	.001	52.29	.01
MEDICAL TRANSPORTATION	76	847	13,717.72	16.20	.037	180.50	.60
AMBULANCES/AIR TRANS	75	739	10,371.12	14.03	.032	138.28	.45
OTHER TRANS	1	106	196.60	1.85	.005	196.60	.01
OTHER SERVICES	2	2	3,150.00	1575.00	.000	1575.00	.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	26	26	2,730.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	132	285	2,386.71	8.37	.012	18.08	.10
PHYSICAL THERAPIST	1	2	43.84	21.92	.000	43.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	2,411.57	172.26	.001	482.31	.10
PROSTHETICS	5	14	2,411.57	172.26	.001	482.31	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	77	4,230.44	54.94	.003	117.51	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	3,320.04	1106.68	.000	1106.68	.14
LOCAL EDUCATION AGENCIES	67	292	3,416.62	11.70	.013	50.99	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	20	173.50	8.68	.001	9.13	.01
@CALIF. CHILDREN SERVICES*	285	4,790	\$ 565,170.18	\$ 117.99	.208	\$ 1983.05	\$ 24.60

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,545

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,546
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,547
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,548
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,549
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,093	7,959	\$ 820,009.30	\$ 103.03	7.880	\$ 750.24	\$ 811.89
@PHYSICIANS SERVICES	458	1,589	\$ 93,406.82	\$ 58.78	1.573	\$ 203.95	\$ 92.48
OUTPATIENT VISITS	204	360	15,679.60	43.55	.356	76.86	15.52
OFFICE VISITS	80	106	3,191.38	30.11	.105	39.89	3.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	69	88	4,913.40	55.83	.087	71.21	4.86
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.04
OB VISITS/COMPRE PERI	66	154	7,292.93	47.36	.152	110.50	7.22

OTHER OUTPATIENT	10	11	236.56	21.51	.011	23.66	.23
INPATIENT VISITS	63	190	13,773.17	72.49	.188	218.62	13.64
HOSPITAL VISITS	59	117	5,528.74	47.25	.116	93.71	5.47
CRITICAL CARE	5	73	8,244.43	112.94	.072	1648.89	8.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.05
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	104	659	47,645.44	72.30	.652	458.13	47.17
PRINCIPAL SURGEON	54	58	36,674.69	632.32	.057	679.16	36.31
ASSISTANT SURGEON	4	4	711.70	177.93	.004	177.93	.70
ANESTHESIOLOGIST	57	597	10,259.05	17.18	.591	179.98	10.16
OUTPATIENT SURGERY	32	54	4,383.64	81.18	.053	136.99	4.34
PRINCIPAL SURGEON	29	34	3,854.21	113.36	.034	132.90	3.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	529.43	26.47	.020	132.36	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	69	98	1,925.00	19.64	.097	27.90	1.91
RADIOLOGY	148	176	6,543.11	37.18	.174	44.21	6.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	392.09	49.01	.008	65.35	.39
OTHER SERVICES/ALL X-OVERS	40	43	3,018.33	70.19	.043	75.46	2.99
@PHARMACY	275	741	\$ 28,207.84	\$ 38.07	.734	\$ 102.57	\$ 27.93
PRESCRIPTION DRUGS	269	558	25,080.16	44.95	.552	93.23	24.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	269	558	25,080.16	44.95	.552	93.23	24.83
MEDICAL SUPPLIES	20	183	3,127.68	17.09	.181	156.38	3.10
@DENTIST	35	130	\$ 4,938.00	\$ 37.98	.129	\$ 141.09	\$ 4.89
VISITS - DIAGNOSTIC	26	78	1,430.00	18.33	.077	55.00	1.42
ORAL SURGERY	1	2	165.00	82.50	.002	165.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.47
RESTORATIVE DENTISTRY	13	45	2,278.00	50.62	.045	175.23	2.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	590.00	196.67	.003	295.00	.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,550
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	38	\$ 772.65	\$ 20.33	.038	\$ 70.24	\$.77
DIAGNOSTIC AND ANC. PROCED	9	11	387.00	35.18	.011	43.00	.38
EYE APPLIANCES	10	27	385.65	14.28	.027	38.57	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.007	\$ 58.52	\$.12
VISITS	2	7	117.04	16.72	.007	58.52	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	29	50	\$ 2,893.13	\$ 57.86	.050	\$ 99.76	\$ 2.86
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	136	1,505	\$ 32,057.01	\$ 21.30	1.490	\$ 235.71	\$ 31.74
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	435	2,879	\$ 599,820.67	\$ 208.34	2.850	\$ 1378.90	\$ 593.88
HOSP INPATIENT TOTAL	84	365	535,283.27	1466.53	.361	6372.42	529.98
HSC HOSPITALS	1	3	2,679.00	893.00	.003	2679.00	2.65
NON-HSC HOSPITAL TOTAL	83	362	532,604.27	1471.28	.358	6416.92	527.33
ACCOMMODATIONS	83	362	220,063.35	607.91	.358	2651.37	217.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	83	362	220,063.35	607.91	.358	2651.37	217.88
ANCILLARIES	83	0	312,540.92	.00	.000	3765.55	309.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	398	2,514	64,537.40	25.67	2.489	162.15	63.90
MEDICAL	76	107	4,126.21	38.56	.106	54.29	4.09
SURGERY	50	70	2,491.20	35.59	.069	49.82	2.47
PATHOLOGY	195	890	10,722.80	12.05	.881	54.99	10.62
RADIOLOGY	100	113	7,973.10	70.56	.112	79.73	7.89
ROOM USE	239	429	14,985.51	34.93	.425	62.70	14.84
CROSSOVERS/ALL OTH OUTPTNT	188	905	24,238.58	26.78	.896	128.93	24.00
@COUNTY HOSPITAL TOTAL	9	85	\$ 2,112.70	\$ 24.86	.084	\$ 234.74	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	85	2,112.70	24.86	.084	234.74	2.09
MEDICAL	4	7	542.20	77.46	.007	135.55	.54
SURGERY	2	3	112.37	37.46	.003	56.19	.11
PATHOLOGY	7	47	596.16	12.68	.047	85.17	.59
RADIOLOGY	1	2	48.37	24.19	.002	48.37	.05
ROOM USE	6	12	552.91	46.08	.012	92.15	.55
CROSSOVERS/ALL OTH OUTPTNT	8	14	260.69	18.62	.014	32.59	.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,551
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	427	2,794	\$ 597,707.97	\$ 213.93	2.766 \$ 1399.78 \$ 591.79
COMM HOSP INPATIENT TOTAL	84	365	535,283.27	1466.53	.361 6372.42 529.98
HSC HOSPITALS	1	3	2,679.00	893.00	.003 2679.00 2.65
NON-HSC HOSPITALS TOTAL	83	362	532,604.27	1471.28	.358 6416.92 527.33
ACCOMMODATIONS	83	362	220,063.35	607.91	.358 2651.37 217.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	83	362	220,063.35	607.91	.358 2651.37 217.88
ANCILLARIES	83	0	312,540.92	.00	.000 3765.55 309.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	389	2,429	62,424.70	25.70	2.405 160.47 61.81
MEDICAL	72	100	3,584.01	35.84	.099 49.78 3.55
SURGERY	48	67	2,378.83	35.50	.066 49.56 2.36
PATHOLOGY	188	843	10,126.64	12.01	.835 53.87 10.03
RADIOLOGY	99	111	7,924.73	71.39	.110 80.05 7.85
ROOM USE	233	417	14,432.60	34.61	.413 61.94 14.29
CROSSOVERS/ALL OTH OUTPTNT	180	891	23,977.89	26.91	.882 133.21 23.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	164	406	\$ 5,693.34	\$ 14.02	.402	\$ 34.72	\$ 5.64
PATHOLOGY	164	406	5,693.34	14.02	.402	34.72	5.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	181	519	\$ 40,407.07	\$ 77.86	.514	\$ 223.24	\$ 40.01
CLINIC	60	275	10,917.78	39.70	.272	181.96	10.81
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	121	244	29,489.29	120.86	.242	243.71	29.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,552
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	95	\$ 11,695.73	\$ 123.11	.094	\$ 238.69	\$ 11.58	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	11	47	862.72	18.36	.047	78.43	.85	
AMBULANCES/AIR TRANS	11	47	862.72	18.36	.047	78.43	.85	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	1	3	59.47	19.82	.003	59.47	.06	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.021	105.00	2.18	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	6	13	112.44	8.65	.013	18.74	.11	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	9	9	8,440.08	937.79	.009	937.79	8.36	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2	2	16.02	8.01	.002	8.01	.02	
@CALIF. CHILDREN SERVICES*	5	57	\$ 78,280.86	\$ 1373.35	.056	\$ 15656.17	\$ 77.51	
@XOVER EXCLUDING STATE HOSP**	1	12	\$ 11.96	\$ 1.00	.012	\$ 11.96	\$.01	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,553
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,093	7,959	\$ 820,009.30	\$ 103.03	7.880	\$ 750.24	\$ 811.89	
@PHYSICIANS SERVICES	458	1,589	\$ 93,406.82	\$ 58.78	1.573	\$ 203.95	\$ 92.48	

OUTPATIENT VISITS	204	360	15,679.60	43.55	.356	76.86	15.52
OFFICE VISITS	80	106	3,191.38	30.11	.105	39.89	3.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	69	88	4,913.40	55.83	.087	71.21	4.86
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.04
OB VISITS/COMPRE PERI	66	154	7,292.93	47.36	.152	110.50	7.22
OTHER OUTPATIENT	10	11	236.56	21.51	.011	23.66	.23
INPATIENT VISITS	63	190	13,773.17	72.49	.188	218.62	13.64
HOSPITAL VISITS	59	117	5,528.74	47.25	.116	93.71	5.47
CRITICAL CARE	5	73	8,244.43	112.94	.072	1648.89	8.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.05
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	104	659	47,645.44	72.30	.652	458.13	47.17
PRINCIPAL SURGEON	54	58	36,674.69	632.32	.057	679.16	36.31
ASSISTANT SURGEON	4	4	711.70	177.93	.004	177.93	.70
ANESTHESIOLOGIST	57	597	10,259.05	17.18	.591	179.98	10.16
OUTPATIENT SURGERY	32	54	4,383.64	81.18	.053	136.99	4.34
PRINCIPAL SURGEON	29	34	3,854.21	113.36	.034	132.90	3.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	529.43	26.47	.020	132.36	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	69	98	1,925.00	19.64	.097	27.90	1.91
RADIOLOGY	148	176	6,543.11	37.18	.174	44.21	6.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	392.09	49.01	.008	65.35	.39
OTHER SERVICES/ALL X-OVERS	40	43	3,018.33	70.19	.043	75.46	2.99
@PHARMACY	275	741	\$ 28,207.84	\$ 38.07	.734	\$ 102.57	\$ 27.93
PRESCRIPTION DRUGS	269	558	25,080.16	44.95	.552	93.23	24.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	269	558	25,080.16	44.95	.552	93.23	24.83
MEDICAL SUPPLIES	20	183	3,127.68	17.09	.181	156.38	3.10
@DENTIST	35	130	\$ 4,938.00	\$ 37.98	.129	\$ 141.09	\$ 4.89
VISITS - DIAGNOSTIC	26	78	1,430.00	18.33	.077	55.00	1.42
ORAL SURGERY	1	2	165.00	82.50	.002	165.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.47
RESTORATIVE DENTISTRY	13	45	2,278.00	50.62	.045	175.23	2.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	590.00	196.67	.003	295.00	.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,554
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

						----- MONTHLY AVERAGE -----			
1,010 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	11	38	\$	772.65	\$ 20.33	.038	\$ 70.24	\$.77	
DIAGNOSTIC AND ANC. PROCED	9	11		387.00	35.18	.011	43.00	.38	

EYE APPLIANCES	10	27		385.65		14.28	.027	38.57	.38
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$	117.04	\$	16.72	.007	\$ 58.52	\$.12
VISITS	2	7		117.04		16.72	.007	58.52	.12
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	29	50	\$	2,893.13	\$	57.86	.050	\$ 99.76	\$ 2.86
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	136	1,505	\$	32,057.01	\$	21.30	1.490	\$ 235.71	\$ 31.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	435	2,879	\$	599,820.67	\$	208.34	2.850	\$ 1378.90	\$ 593.88
HOSP INPATIENT TOTAL	84	365		535,283.27		1466.53	.361	6372.42	529.98
HSC HOSPITALS	1	3		2,679.00		893.00	.003	2679.00	2.65
NON-HSC HOSPITAL TOTAL	83	362		532,604.27		1471.28	.358	6416.92	527.33
ACCOMMODATIONS	83	362		220,063.35		607.91	.358	2651.37	217.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	83	362		220,063.35		607.91	.358	2651.37	217.88
ANCILLARIES	83	0		312,540.92		.00	.000	3765.55	309.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	398	2,514		64,537.40		25.67	2.489	162.15	63.90
MEDICAL	76	107		4,126.21		38.56	.106	54.29	4.09
SURGERY	50	70		2,491.20		35.59	.069	49.82	2.47
PATHOLOGY	195	890		10,722.80		12.05	.881	54.99	10.62
RADIOLOGY	100	113		7,973.10		70.56	.112	79.73	7.89
ROOM USE	239	429		14,985.51		34.93	.425	62.70	14.84

CROSSOVERS/ALL OTH OUTPTNT	188	905		24,238.58		26.78	.896	128.93	24.00
@COUNTY HOSPITAL TOTAL	9	85	\$	2,112.70	\$	24.86	.084	\$ 234.74	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	85		2,112.70		24.86	.084	234.74	2.09
MEDICAL	4	7		542.20		77.46	.007	135.55	.54
SURGERY	2	3		112.37		37.46	.003	56.19	.11
PATHOLOGY	7	47		596.16		12.68	.047	85.17	.59
RADIOLOGY	1	2		48.37		24.19	.002	48.37	.05
ROOM USE	6	12		552.91		46.08	.012	92.15	.55
CROSSOVERS/ALL OTH OUTPTNT	8	14		260.69		18.62	.014	32.59	.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,555
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	427	2,794	\$	597,707.97	\$ 213.93	2.766	\$ 1399.78	\$ 591.79
COMM HOSP INPATIENT TOTAL	84	365		535,283.27	1466.53	.361	6372.42	529.98
HSC HOSPITALS	1	3		2,679.00	893.00	.003	2679.00	2.65
NON-HSC HOSPITALS TOTAL	83	362		532,604.27	1471.28	.358	6416.92	527.33
ACCOMMODATIONS	83	362		220,063.35	607.91	.358	2651.37	217.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	83	362		220,063.35	607.91	.358	2651.37	217.88
ANCILLARIES	83	0		312,540.92	.00	.000	3765.55	309.45
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	389	2,429		62,424.70	25.70	2.405	160.47	61.81
MEDICAL	72	100		3,584.01	35.84	.099	49.78	3.55
SURGERY	48	67		2,378.83	35.50	.066	49.56	2.36
PATHOLOGY	188	843		10,126.64	12.01	.835	53.87	10.03
RADIOLOGY	99	111		7,924.73	71.39	.110	80.05	7.85
ROOM USE	233	417		14,432.60	34.61	.413	61.94	14.29
CROSSOVERS/ALL OTH OUTPTNT	180	891		23,977.89	26.91	.882	133.21	23.74
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	164	406	\$	5,693.34	\$ 14.02	.402	\$ 34.72	\$ 5.64
PATHOLOGY	164	406		5,693.34	14.02	.402	34.72	5.64
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	181	519	\$	40,407.07	\$ 77.86	.514	\$ 223.24	\$ 40.01
CLINIC	60	275		10,917.78	39.70	.272	181.96	10.81
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	121	244		29,489.29	120.86	.242	243.71	29.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,556	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	95	\$	11,695.73	\$ 123.11	.094	\$ 238.69	\$ 11.58
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	47		862.72	18.36	.047	78.43	.85
AMBULANCES/AIR TRANS	11	47		862.72	18.36	.047	78.43	.85
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	1	3		59.47	19.82	.003	59.47	.06
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.021	105.00	2.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	13		112.44	8.65	.013	18.74	.11
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	9	9		8,440.08	937.79	.009	937.79	8.36
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		16.02	8.01	.002	8.01	.02
@CALIF. CHILDREN SERVICES*	5	57	\$	78,280.86	\$ 1373.35	.056	\$ 15656.17	\$ 77.51
@XOVER EXCLUDING STATE HOSP**	1	12	\$	11.96	\$ 1.00	.012	\$ 11.96	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,557
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	192	3,765	\$ 457,129.71	\$ 121.42	25.100	\$ 2380.88	\$ 3047.53	
@PHYSICIANS SERVICES	54	198	\$ 11,983.67	\$ 60.52	1.320	\$ 221.92	\$ 79.89	
OUTPATIENT VISITS	15	22	1,452.01	66.00	.147	96.80	9.68	
OFFICE VISITS	6	9	309.10	34.34	.060	51.52	2.06	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	11	13	1,142.91	87.92	.087	103.90	7.62	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	25	77	3,187.54	41.40	.513	127.50	21.25	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.513	127.50	21.25	
OPHTHALMOLOGICAL SERVICES	1	2	92.79	46.40	.013	92.79	.62	
EXAMINATIONS	1	2	92.79	46.40	.013	92.79	.62	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	5	6	899.02	149.84	.040	179.80	5.99	
PRINCIPAL SURGEON	5	6	899.02	149.84	.040	179.80	5.99	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	1	1	225.04	225.04	.007	225.04	1.50	
PATHOLOGY	2	5	197.74	39.55	.033	98.87	1.32	
RADIOLOGY	18	81	5,790.97	71.49	.540	321.72	38.61	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	4	4	138.56	34.64	.027	34.64	.92	
@PHARMACY	97	537	\$ 41,338.22	\$ 76.98	3.580	\$ 426.17	\$ 275.59	
PRESCRIPTION DRUGS	97	534	41,206.82	77.17	3.560	424.81	274.71	
SNF/ICF	73	444	36,144.77	81.41	2.960	495.13	240.97	
OUTPATIENTS	25	90	5,062.05	56.25	.600	202.48	33.75	
MEDICAL SUPPLIES	2	3	131.40	43.80	.020	65.70	.88	
@DENTIST	4	14	\$ 194.00	\$ 13.86	.093	\$ 48.50	\$ 1.29	
VISITS - DIAGNOSTIC	4	13	139.00	10.69	.087	34.75	.93	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	55.00	55.00	.007	55.00	.37	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

SONOMA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.027	\$ 90.30	\$.60
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.32
EYE APPLIANCES	1	3	42.85	14.28	.020	42.85	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	6	\$ 100.32	\$ 16.72	.040	\$ 50.16	\$.67
VISITS	2	6	100.32	16.72	.040	50.16	.67
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 138.40	\$ 46.13	.020	\$ 46.13	\$.92
MEDICINE/INJECTIONS	3	3	138.40	46.13	.020	46.13	.92
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$ 98.97	\$ 49.49	.013	\$ 49.49	\$.66
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	22	154	\$ 3,827.49	\$ 24.85	1.027	\$ 173.98	\$ 25.52
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	154	3,827.49	24.85	1.027	173.98	25.52
MEDICAL	9	15	666.47	44.43	.100	74.05	4.44
SURGERY	2	2	100.74	50.37	.013	50.37	.67
PATHOLOGY	15	53	777.03	14.66	.353	51.80	5.18
RADIOLOGY	5	9	636.94	70.77	.060	127.39	4.25
ROOM USE	12	13	441.92	33.99	.087	36.83	2.95
CROSSOVERS/ALL OTH OUTPTNT	10	62	1,204.39	19.43	.413	120.44	8.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

						AID CODE 53		----- MONTHLY AVERAGE -----	
150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	22	154	\$ 3,827.49	\$ 24.85	1.027	\$ 173.98	\$ 25.52		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	22	154	3,827.49	24.85	1.027	173.98	25.52		
MEDICAL	9	15	666.47	44.43	.100	74.05	4.44		
SURGERY	2	2	100.74	50.37	.013	50.37	.67		
PATHOLOGY	15	53	777.03	14.66	.353	51.80	5.18		
RADIOLOGY	5	9	636.94	70.77	.060	127.39	4.25		
ROOM USE	12	13	441.92	33.99	.087	36.83	2.95		
CROSSOVERS/ALL OTH OUTPTNT	10	62	1,204.39	19.43	.413	120.44	8.03		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	57	2,020	\$ 384,962.82	\$ 190.58	13.467	\$ 6753.73	\$ 2566.42		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	7	320	44,010.92	137.53	2.133	6287.27	293.41		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		

LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73		557.11	1.887	15766.17	1051.08
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	40	1,417		183,290.17		129.35	9.447	4582.25	1221.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	22	73	\$	724.51	\$	9.92	.487	\$ 32.93	\$ 4.83
PATHOLOGY	22	73		724.51		9.92	.487	32.93	4.83
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	17	\$	1,196.96	\$	70.41	.113	\$ 170.99	\$ 7.98
CLINIC	1	7		305.63		43.66	.047	305.63	2.04
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	10		891.33		89.13	.067	148.56	5.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MPO24	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								
AID CODE 53									PAGE 15,560
									03/14/05

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	737	\$ 12,474.05	\$ 16.93	4.913	\$ 430.14	\$ 83.16
DURABLE MED. EQUIP.	2	3	142.18	47.39	.020	71.09	.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	670	4,908.81	7.33	4.467	245.44	32.73
AMBULANCES/AIR TRANS	14	449	3,279.17	7.30	2.993	234.23	21.86
OTHER TRANS	6	221	1,629.64	7.37	1.473	271.61	10.86
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.013	16.64	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	8	258.44	32.31	.053	64.61	1.72
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	54	7,147.98	132.37	.360	2382.66	47.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,561
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	75	\$ 9,462.62	\$ 126.17	2.778	\$ 350.47	\$ 350.47
@PHYSICIANS SERVICES	11	23	\$ 2,453.66	\$ 106.68	.852	\$ 223.06	\$ 90.88
OUTPATIENT VISITS	4	5	174.62	34.92	.185	43.66	6.47
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	144.62	36.16	.148	36.16	5.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.037	30.00	1.11
INPATIENT VISITS	3	3	111.43	37.14	.111	37.14	4.13
HOSPITAL VISITS	3	3	111.43	37.14	.111	37.14	4.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	12	2,104.55	175.38	.444	350.76	77.95
PRINCIPAL SURGEON	4	4	1,783.14	445.79	.148	445.79	66.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	8	321.41	40.18	.296	160.71	11.90
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	52.24	26.12	.074	26.12	1.93
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	10.82	10.82	.037	10.82	.40
@PHARMACY	7	12	\$ 182.40	\$ 15.20	.444	\$ 26.06	\$ 6.76
PRESCRIPTION DRUGS	7	12	182.40	15.20	.444	26.06	6.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	7	12	182.40	15.20	.444	26.06	6.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,562
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	1	1	\$ 53.79	\$ 53.79	.037	\$ 53.79	\$ 1.99	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	10	23	\$ 5,194.35	\$ 225.84	.852	\$ 519.44	\$ 192.38	
HOSP INPATIENT TOTAL	4	9	4,814.24	534.92	.333	1203.56	178.31	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	4	9	4,814.24	534.92	.333	1203.56	178.31	
ACCOMMODATIONS	4	9	1,990.88	221.21	.333	497.72	73.74	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	9	1,990.88	221.21	.333	497.72	73.74	
ANCILLARIES	4	0	2,823.36	.00	.000	705.84	104.57	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	8	14	380.11	27.15	.519	47.51	14.08	
MEDICAL	1	1	84.78	84.78	.037	84.78	3.14	
SURGERY	1	1	19.75	19.75	.037	19.75	.73	
PATHOLOGY	1	1	3.68	3.68	.037	3.68	.14	
RADIOLOGY	4	5	159.64	31.93	.185	39.91	5.91	
ROOM USE	3	3	64.93	21.64	.111	21.64	2.40	
CROSSOVERS/ALL OTH OUTPTNT	3	3	47.33	15.78	.111	15.78	1.75	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,563
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

27 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	23	\$	5,194.35	\$ 225.84	.852	\$ 519.44	\$ 192.38
COMM HOSP INPATIENT TOTAL	4	9		4,814.24	534.92	.333	1203.56	178.31
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	9		4,814.24	534.92	.333	1203.56	178.31
ACCOMMODATIONS	4	9		1,990.88	221.21	.333	497.72	73.74
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9		1,990.88	221.21	.333	497.72	73.74
ANCILLARIES	4	0		2,823.36	.00	.000	705.84	104.57
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	14		380.11	27.15	.519	47.51	14.08
MEDICAL	1	1		84.78	84.78	.037	84.78	3.14
SURGERY	1	1		19.75	19.75	.037	19.75	.73
PATHOLOGY	1	1		3.68	3.68	.037	3.68	.14
RADIOLOGY	4	5		159.64	31.93	.185	39.91	5.91
ROOM USE	3	3		64.93	21.64	.111	21.64	2.40
CROSSOVERS/ALL OTH OUTPTNT	3	3		47.33	15.78	.111	15.78	1.75
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	105.60	\$ 35.20	.111	\$ 52.80	\$ 3.91
PATHOLOGY	2	3		105.60	35.20	.111	52.80	3.91
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	13	\$	1,472.82	\$ 113.29	.481	\$ 294.56	\$ 54.55
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	13	1,472.82	113.29	.481	294.56	54.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,564
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,565
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	219	3,840	\$ 466,592.33	\$ 121.51	21.695	\$ 2130.56	\$ 2636.11
@PHYSICIANS SERVICES	65	221	\$ 14,437.33	\$ 65.33	1.249	\$ 222.11	\$ 81.57
OUTPATIENT VISITS	19	27	1,626.63	60.25	.153	85.61	9.19
OFFICE VISITS	6	9	309.10	34.34	.051	51.52	1.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	17	1,287.53	75.74	.096	85.84	7.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.006	30.00	.17
INPATIENT VISITS	28	80	3,298.97	41.24	.452	117.82	18.64
HOSPITAL VISITS	3	3	111.43	37.14	.017	37.14	.63
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.435	127.50	18.01
OPHTHALMOLOGICAL SERVICES	1	2	92.79	46.40	.011	92.79	.52
EXAMINATIONS	1	2	92.79	46.40	.011	92.79	.52
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	12	2,104.55	175.38	.068	350.76	11.89
PRINCIPAL SURGEON	4	4	1,783.14	445.79	.023	445.79	10.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	8	321.41	40.18	.045	160.71	1.82
OUTPATIENT SURGERY	5	6	899.02	149.84	.034	179.80	5.08
PRINCIPAL SURGEON	5	6	899.02	149.84	.034	179.80	5.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	1	225.04	225.04	.006	225.04	1.27
PATHOLOGY	2	5	197.74	39.55	.028	98.87	1.12
RADIOLOGY	20	83	5,843.21	70.40	.469	292.16	33.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	149.38	29.88	.028	29.88	.84
@PHARMACY	104	549	\$ 41,520.62	\$ 75.63	3.102	\$ 399.24	\$ 234.58
PRESCRIPTION DRUGS	104	546	41,389.22	75.80	3.085	397.97	233.84
SNF/ICF	73	444	36,144.77	81.41	2.508	495.13	204.21
OUTPATIENTS	32	102	5,244.45	51.42	.576	163.89	29.63
MEDICAL SUPPLIES	2	3	131.40	43.80	.017	65.70	.74
@DENTIST	4	14	\$ 194.00	\$ 13.86	.079	\$ 48.50	\$ 1.10
VISITS - DIAGNOSTIC	4	13	139.00	10.69	.073	34.75	.79
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	55.00	55.00	.006	55.00	.31
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,566
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.023	\$ 90.30	\$.51
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45	.27
EYE APPLIANCES	1	3	42.85	14.28	.017	42.85	.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	6	\$ 100.32	\$ 16.72	.034	\$ 50.16	\$.57
VISITS	2	6	100.32	16.72	.034	50.16	.57
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 138.40	\$ 46.13	.017	\$ 46.13	\$.78
MEDICINE/INJECTIONS	3	3	138.40	46.13	.017	46.13	.78
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$ 98.97	\$ 49.49	.011	\$ 49.49	\$.56
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	1	\$ 53.79	\$ 53.79	.006	\$ 53.79	\$.30
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	177	\$ 9,021.84	\$ 50.97	1.000	\$ 281.93	\$ 50.97
HOSP INPATIENT TOTAL	4	9	4,814.24	534.92	.051	1203.56	27.20
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	9	4,814.24	534.92	.051	1203.56	27.20
ACCOMMODATIONS	4	9	1,990.88	221.21	.051	497.72	11.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	9	1,990.88	221.21	.051	497.72	11.25
ANCILLARIES	4	0	2,823.36	.00	.000	705.84	15.95
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	168	4,207.60	25.05	.949	140.25	23.77
MEDICAL	10	16	751.25	46.95	.090	75.13	4.24
SURGERY	3	3	120.49	40.16	.017	40.16	.68
PATHOLOGY	16	54	780.71	14.46	.305	48.79	4.41
RADIOLOGY	9	14	796.58	56.90	.079	88.51	4.50
ROOM USE	15	16	506.85	31.68	.090	33.79	2.86
CROSSOVERS/ALL OTH OUTPTNT	13	65	1,251.72	19.26	.367	96.29	7.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,567
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	177	\$ 9,021.84	\$ 50.97	1.000 \$ 281.93 \$ 50.97
COMM HOSP INPATIENT TOTAL	4	9	4,814.24	534.92	.051 1203.56 27.20
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	4	9	4,814.24	534.92	.051 1203.56 27.20
ACCOMMODATIONS	4	9	1,990.88	221.21	.051 497.72 11.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	4	9	1,990.88	221.21	.051 497.72 11.25
ANCILLARIES	4	0	2,823.36	.00	.000 705.84 15.95
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	30	168	4,207.60	25.05	.949 140.25 23.77
MEDICAL	10	16	751.25	46.95	.090 75.13 4.24
SURGERY	3	3	120.49	40.16	.017 40.16 .68
PATHOLOGY	16	54	780.71	14.46	.305 48.79 4.41
RADIOLOGY	9	14	796.58	56.90	.079 88.51 4.50
ROOM USE	15	16	506.85	31.68	.090 33.79 2.86
CROSSOVERS/ALL OTH OUTPTNT	13	65	1,251.72	19.26	.367 96.29 7.07
@STATE HOSPITAL	0	0	.00	.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	57	2,020	\$ 384,962.82	\$ 190.58	11.412 \$ 6753.73 \$ 2174.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	7	320	44,010.92	137.53	1.808 6287.27 248.65
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	10	283	157,661.73	557.11	1.599 15766.17 890.74
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	40	1,417	183,290.17	129.35	8.006 4582.25 1035.54
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	.00	.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	76	\$ 830.11	\$ 10.92	.429	\$ 34.59	\$ 4.69
PATHOLOGY	24	76	830.11	10.92	.429	34.59	4.69
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	30	\$ 2,669.78	\$ 88.99	.169	\$ 222.48	\$ 15.08
CLINIC	1	7	305.63	43.66	.040	305.63	1.73
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	23	2,364.15	102.79	.130	214.92	13.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,568
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29		737	\$ 12,474.05	\$ 16.93	4.164	\$ 430.14	\$ 70.47
DURABLE MED. EQUIP.	2		3	142.18	47.39	.017	71.09	.80
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20		670	4,908.81	7.33	3.785	245.44	27.73
AMBULANCES/AIR TRANS	14		449	3,279.17	7.30	2.537	234.23	18.53
OTHER TRANS	6		221	1,629.64	7.37	1.249	271.61	9.21
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	16.64	8.32	.011	16.64	.09
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4		8	258.44	32.31	.045	64.61	1.46
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3		54	7,147.98	132.37	.305	2382.66	40.38
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,569
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	.00	.00	.000	.00	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,570
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,571
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,572
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

1,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,312	11,799	\$ 1,286,601.63	\$ 109.04	9.940	\$ 980.64	\$ 1083.91
@PHYSICIANS SERVICES	523	1,810	\$ 107,844.15	\$ 59.58	1.525	\$ 206.20	\$ 90.85
OUTPATIENT VISITS	223	387	17,306.23	44.72	.326	77.61	14.58
OFFICE VISITS	86	115	3,500.48	30.44	.097	40.70	2.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	84	105	6,200.93	59.06	.088	73.82	5.22
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.04
OB VISITS/COMPRE PERI	66	154	7,292.93	47.36	.130	110.50	6.14
OTHER OUTPATIENT	11	12	266.56	22.21	.010	24.23	.22
INPATIENT VISITS	91	270	17,072.14	63.23	.227	187.61	14.38
HOSPITAL VISITS	62	120	5,640.17	47.00	.101	90.97	4.75
CRITICAL CARE	5	73	8,244.43	112.94	.061	1648.89	6.95
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.065	127.50	2.69
OPHTHALMOLOGICAL SERVICES	2	3	139.23	46.41	.003	69.62	.12
EXAMINATIONS	2	3	139.23	46.41	.003	69.62	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	110	671	49,749.99	74.14	.565	452.27	41.91
PRINCIPAL SURGEON	58	62	38,457.83	620.29	.052	663.07	32.40
ASSISTANT SURGEON	4	4	711.70	177.93	.003	177.93	.60
ANESTHESIOLOGIST	59	605	10,580.46	17.49	.510	179.33	8.91
OUTPATIENT SURGERY	37	60	5,282.66	88.04	.051	142.77	4.45
PRINCIPAL SURGEON	34	40	4,753.23	118.83	.034	139.80	4.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	529.43	26.47	.017	132.36	.45
DIALYSIS	1	1	225.04	225.04	.001	225.04	.19
PATHOLOGY	71	103	2,122.74	20.61	.087	29.90	1.79
RADIOLOGY	168	259	12,386.32	47.82	.218	73.73	10.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	392.09	49.01	.007	65.35	.33
OTHER SERVICES/ALL X-OVERS	45	48	3,167.71	65.99	.040	70.39	2.67
@PHARMACY	379	1,290	\$ 69,728.46	\$ 54.05	1.087	\$ 183.98	\$ 58.74
PRESCRIPTION DRUGS	373	1,104	66,469.38	60.21	.930	178.20	56.00
SNF/ICF	73	444	36,144.77	81.41	.374	495.13	30.45
OUTPATIENTS	301	660	30,324.61	45.95	.556	100.75	25.55
MEDICAL SUPPLIES	22	186	3,259.08	17.52	.157	148.14	2.75
@DENTIST	39	144	\$ 5,132.00	\$ 35.64	.121	\$ 131.59	\$ 4.32
VISITS - DIAGNOSTIC	30	91	1,569.00	17.24	.077	52.30	1.32
ORAL SURGERY	1	2	165.00	82.50	.002	165.00	.14
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.05
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.40
RESTORATIVE DENTISTRY	13	45	2,278.00	50.62	.038	175.23	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	590.00	196.67	.003	295.00	.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

SONOMA COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

1,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	42	\$ 862.95	\$ 20.55	.035	\$ 71.91	\$.73
DIAGNOSTIC AND ANC. PROCED	10	12	434.45	36.20	.010	43.45	.37
EYE APPLIANCES	11	30	428.50	14.28	.025	38.95	.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	13	\$ 217.36	\$ 16.72	.011	\$ 54.34	\$.18
VISITS	4	13	217.36	16.72	.011	54.34	.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 138.40	\$ 46.13	.003	\$ 46.13	\$.12
MEDICINE/INJECTIONS	3	3	138.40	46.13	.003	46.13	.12
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	31	52	\$ 2,992.10	\$ 57.54	.044	\$ 96.52	\$ 2.52
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	137	1,506	\$ 32,110.80	\$ 21.32	1.269	\$ 234.39	\$ 27.05
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	467	3,056	\$ 608,842.51	\$ 199.23	2.575	\$ 1303.73	\$ 512.93
HOSP INPATIENT TOTAL	88	374	540,097.51	1444.11	.315	6137.47	455.01
HSC HOSPITALS	1	3	2,679.00	893.00	.003	2679.00	2.26
NON-HSC HOSPITAL TOTAL	87	371	537,418.51	1448.57	.313	6177.22	452.75
ACCOMMODATIONS	87	371	222,054.23	598.53	.313	2552.35	187.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	371	222,054.23	598.53	.313	2552.35	187.07
ANCILLARIES	87	0	315,364.28	.00	.000	3624.88	265.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	428	2,682		68,745.00	25.63	2.259	160.62	57.91
MEDICAL	86	123		4,877.46	39.65	.104	56.71	4.11
SURGERY	53	73		2,611.69	35.78	.061	49.28	2.20
PATHOLOGY	211	944		11,503.51	12.19	.795	54.52	9.69
RADIOLOGY	109	127		8,769.68	69.05	.107	80.46	7.39
ROOM USE	254	445		15,492.36	34.81	.375	60.99	13.05
CROSSOVERS/ALL OTH OUTPTNT	201	970		25,490.30	26.28	.817	126.82	21.47
@COUNTY HOSPITAL TOTAL	9	85	\$	2,112.70	\$ 24.86	.072	\$ 234.74	\$ 1.78
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	85		2,112.70	24.86	.072	234.74	1.78
MEDICAL	4	7		542.20	77.46	.006	135.55	.46
SURGERY	2	3		112.37	37.46	.003	56.19	.09
PATHOLOGY	7	47		596.16	12.68	.040	85.17	.50
RADIOLOGY	1	2		48.37	24.19	.002	48.37	.04
ROOM USE	6	12		552.91	46.08	.010	92.15	.47
CROSSOVERS/ALL OTH OUTPTNT	8	14		260.69	18.62	.012	32.59	.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,575
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						----- MONTHLY AVERAGE -----		
1,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	459	2,971	\$ 606,729.81	\$ 204.22	2.503	\$ 1321.85	\$ 511.15	
COMM HOSP INPATIENT TOTAL	88	374	540,097.51	1444.11	.315	6137.47	455.01	
HSC HOSPITALS	1	3	2,679.00	893.00	.003	2679.00	2.26	
NON-HSC HOSPITALS TOTAL	87	371	537,418.51	1448.57	.313	6177.22	452.75	
ACCOMMODATIONS	87	371	222,054.23	598.53	.313	2552.35	187.07	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	87	371	222,054.23	598.53	.313	2552.35	187.07	
ANCILLARIES	87	0	315,364.28	.00	.000	3624.88	265.68	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	419	2,597	66,632.30	25.66	2.188	159.03	56.14	
MEDICAL	82	116	4,335.26	37.37	.098	52.87	3.65	
SURGERY	51	70	2,499.32	35.70	.059	49.01	2.11	
PATHOLOGY	204	897	10,907.35	12.16	.756	53.47	9.19	
RADIOLOGY	108	125	8,721.31	69.77	.105	80.75	7.35	
ROOM USE	248	433	14,939.45	34.50	.365	60.24	12.59	
CROSSOVERS/ALL OTH OUTPTNT	193	956	25,229.61	26.39	.805	130.72	21.25	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	57	2,020	\$ 384,962.82	\$ 190.58	1.702	\$ 6753.73	\$ 324.32	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	7	320	44,010.92	137.53	.270	6287.27	37.08	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73	557.11	.238	15766.17	132.82
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,417		183,290.17	129.35	1.194	4582.25	154.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	188	482	\$	6,523.45	\$ 13.53	.406	\$ 34.70	\$ 5.50
PATHOLOGY	188	482		6,523.45	13.53	.406	34.70	5.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	193	549	\$	43,076.85	\$ 78.46	.463	\$ 223.20	\$ 36.29
CLINIC	61	282		11,223.41	39.80	.238	183.99	9.46
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	132	267		31,853.44	119.30	.225	241.31	26.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,576
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

----- MONTHLY AVERAGE -----								
1,187 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	78	832	\$ 24,169.78	\$ 29.05	.701	\$ 309.87	\$ 20.36	
DURABLE MED. EQUIP.	2	3	142.18	47.39	.003	71.09	.12	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	31	717	5,771.53	8.05	.604	186.18	4.86	
AMBULANCES/AIR TRANS	25	496	4,141.89	8.35	.418	165.68	3.49	
OTHER TRANS	6	221	1,629.64	7.37	.186	271.61	1.37	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	1	3	59.47	19.82	.003	59.47	.05	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.018	105.00	1.86	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	7	15	129.08	8.61	.013	18.44	.11	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	4	8	258.44	32.31	.007	64.61	.22	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	3	54	7,147.98	132.37	.045	2382.66	6.02	
NONINST BIRTHING CENTERS	9	9	8,440.08	937.79	.008	937.79	7.11	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2	2	16.02	8.01	.002	8.01	.01	
@CALIF. CHILDREN SERVICES*	5	57	\$ 78,280.86	\$ 1373.35	.048	\$ 15656.17	\$ 65.95	

@XOVER EXCLUDING STATE HOSP** 1 12 \$ 11.96 \$ 1.00 .010 \$ 11.96 \$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,577
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR ALL AGED

50,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40,005	1,069,947	\$ 45,141,373.97	\$ 42.19	21.204	\$ 1128.39	\$ 894.60
@PHYSICIANS SERVICES	6,305	22,070	\$ 468,852.15	\$ 21.24	.437	\$ 74.36	\$ 9.29
OUTPATIENT VISITS	578	761	32,333.25	42.49	.015	55.94	.64
OFFICE VISITS	423	558	18,833.00	33.75	.011	44.52	.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	162	187	12,971.69	69.37	.004	80.07	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	16	528.56	33.04	.000	35.24	.01
INPATIENT VISITS	118	470	20,089.12	42.74	.009	170.25	.40
HOSPITAL VISITS	108	439	18,231.12	41.53	.009	168.81	.36
CRITICAL CARE	3	14	1,333.80	95.27	.000	444.60	.03
SNF/ICF/TRANS IP CARE	13	17	524.20	30.84	.000	40.32	.01
OPHTHALMOLOGICAL SERVICES	104	129	5,509.98	42.71	.003	52.98	.11
EXAMINATIONS	102	127	5,439.40	42.83	.003	53.33	.11
SERVICES AND MATERIALS	2	2	70.58	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	49	218	21,299.45	97.70	.004	434.68	.42
PRINCIPAL SURGEON	30	34	15,706.72	461.96	.001	523.56	.31
ASSISTANT SURGEON	7	7	1,304.93	186.42	.000	186.42	.03
ANESTHESIOLOGIST	22	177	4,287.80	24.22	.004	194.90	.08
OUTPATIENT SURGERY	91	200	25,480.15	127.40	.004	280.00	.50
PRINCIPAL SURGEON	77	93	22,169.17	238.38	.002	287.91	.44
ASSISTANT SURGEON	4	4	343.65	85.91	.000	85.91	.01
ANESTHESIOLOGIST	23	103	2,967.33	28.81	.002	129.01	.06
DIALYSIS	52	66	13,056.82	197.83	.001	251.09	.26
PATHOLOGY	106	255	4,795.66	18.81	.005	45.24	.10
RADIOLOGY	420	816	41,980.07	51.45	.016	99.95	.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	41	313	25,698.81	82.10	.006	626.80	.51
OTHER SERVICES/ALL X-OVERS	5,388	18,842	278,608.84	14.79	.373	51.71	5.52
@PHARMACY	31,890	499,777	\$ 9,382,938.75	\$ 18.77	9.904	\$ 294.23	\$ 185.95
PRESCRIPTION DRUGS	31,340	143,180	9,151,033.30	63.91	2.837	291.99	181.35
SNF/ICF	7,178	50,624	2,740,891.19	54.14	1.003	381.85	54.32
OUTPATIENTS	24,256	92,556	6,410,142.11	69.26	1.834	264.27	127.03
MEDICAL SUPPLIES	2,870	356,597	231,905.45	.65	7.067	80.80	4.60
@DENTIST	1,704	5,490	\$ 239,548.68	\$ 43.63	.109	\$ 140.58	\$ 4.75
VISITS - DIAGNOSTIC	1,282	3,518	53,725.63	15.27	.070	41.91	1.06
ORAL SURGERY	203	687	35,938.00	52.31	.014	177.03	.71
DRUGS	4	4	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	50	51	4,426.00	86.78	.001	88.52	.09
ENDODONTICS	23	33	7,405.00	224.39	.001	321.96	.15
RESTORATIVE DENTISTRY	217	483	28,563.55	59.14	.010	131.63	.57
PROSTHETICS	10	11	270.00	24.55	.000	27.00	.01
DENTURES, STAYPLATES	277	701	109,220.50	155.81	.014	394.30	2.16
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,578
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL AGED

50,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	708	2,173	\$ 38,110.54	\$ 17.54	.043	\$ 53.83	\$.76
DIAGNOSTIC AND ANC. PROCED	94	100	3,979.74	39.80	.002	42.34	.08
EYE APPLIANCES	622	1,932	31,654.91	16.38	.038	50.89	.63
OTHER OPTOMETRIC SERVICES	80	141	2,475.89	17.56	.003	30.95	.05
@CHIROPRACTOR	5	12	\$ 192.28	\$ 16.02	.000	\$ 38.46	\$.00
VISITS	2	7	108.68	15.53	.000	54.34	.00
OTHER SERVICES	3	5	83.60	16.72	.000	27.87	.00
@PODIATRIST	1,881	3,307	\$ 22,328.87	\$ 6.75	.066	\$ 11.87	\$.44
MEDICINE/INJECTIONS	7	16	410.38	25.65	.000	58.63	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,874	3,291	21,918.49	6.66	.065	11.70	.43
@HOME HEALTH AGENCY	42	189	\$ 13,078.68	\$ 69.20	.004	\$ 311.40	\$.26
NURSE ANESTHESIST	3	8	\$ 12.54	\$ 1.57	.000	\$ 4.18	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 100.83	\$ 33.61	.000	\$ 33.61	\$.00
@TOTAL HOSPITAL	3,957	15,106	\$ 2,713,900.54	\$ 179.66	.299	\$ 685.85	\$ 53.78
HOSP INPATIENT TOTAL	655	858	2,358,918.63	2749.32	.017	3601.40	46.75
HSC HOSPITALS	25	205	306,490.44	1495.08	.004	12259.62	6.07
NON-HSC HOSPITAL TOTAL	133	653	1,606,750.70	2460.57	.013	12080.83	31.84
ACCOMMODATIONS	132	653	491,974.94	753.41	.013	3727.08	9.75
ADMINISTRATIVE DAYS	3	5	960.13	192.03	.000	320.04	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	130	648	491,014.81	757.74	.013	3777.04	9.73
ANCILLARIES	133	0	1,114,775.76	.00	.000	8381.77	22.09
INPATIENT CROSSOVERS	499	0	445,677.49	.00	.000	893.14	8.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,512	14,248	354,981.91	24.91	.282	101.08	7.03
MEDICAL	445	653	21,561.39	33.02	.013	48.45	.43
SURGERY	82	92	5,057.18	54.97	.002	61.67	.10
PATHOLOGY	382	1,686	20,416.44	12.11	.033	53.45	.40
RADIOLOGY	289	434	34,385.26	79.23	.009	118.98	.68
ROOM USE	377	506	20,642.13	40.79	.010	54.75	.41
CROSSOVERS/ALL OTH OUTPTNT	2,817	10,877	252,919.51	23.25	.216	89.78	5.01
@COUNTY HOSPITAL TOTAL	15	50	\$ 5,250.41	\$ 105.01	.001	\$ 350.03	\$.10
CO HOSPITAL INPATIENT TOTAL	2	3	3,834.00	1278.00	.000	1917.00	.08
HSC HOSPITALS	2	3	3,834.00	1278.00	.000	1917.00	.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	13	47	1,416.41	30.14	.001	108.95	.03
MEDICAL	2	6	354.61	59.10	.000	177.31	.01
SURGERY	2	2	231.40	115.70	.000	115.70	.00
PATHOLOGY	2	20	163.73	8.19	.000	81.87	.00
RADIOLOGY	1	2	33.97	16.99	.000	33.97	.00
ROOM USE	4	6	215.76	35.96	.000	53.94	.00
CROSSOVERS/ALL OTH OUTPTNT	10	11	416.94	37.90	.000	41.69	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,579
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL AGED

	50,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,942	15,056	\$	2,708,650.13	\$ 179.91	.298	\$ 687.13	\$ 53.68
COMM HOSP INPATIENT TOTAL	653	855		2,355,084.63	2754.48	.017	3606.56	46.67
HSC HOSPITALS	23	202		302,656.44	1498.30	.004	13158.98	6.00
NON-HSC HOSPITALS TOTAL	133	653		1,606,750.70	2460.57	.013	12080.83	31.84
ACCOMMODATIONS	132	653		491,974.94	753.41	.013	3727.08	9.75
ADMINISTRATIVE DAYS	3	5		960.13	192.03	.000	320.04	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	130	648		491,014.81	757.74	.013	3777.04	9.73
ANCILLARIES	133	0		1,114,775.76	.00	.000	8381.77	22.09
INPATIENT CROSSOVERS	499	0		445,677.49	.00	.000	893.14	8.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,499	14,201		353,565.50	24.90	.281	101.05	7.01
MEDICAL	443	647		21,206.78	32.78	.013	47.87	.42
SURGERY	80	90		4,825.78	53.62	.002	60.32	.10
PATHOLOGY	380	1,666		20,252.71	12.16	.033	53.30	.40
RADIOLOGY	288	432		34,351.29	79.52	.009	119.28	.68
ROOM USE	373	500		20,426.37	40.85	.010	54.76	.40
CROSSOVERS/ALL OTH OUTPTNT	2,807	10,866		252,502.57	23.24	.215	89.95	5.00
@STATE HOSPITAL	31	1,010	\$	511,931.99	\$ 506.86	.020	\$ 16513.94	\$ 10.15

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	31	1,010	511,931.99	506.86	.020	16513.94	10.15
@NURSING FACILITY	8,316	242,145	\$ 28,284,426.91	\$ 116.81	4.799	\$ 3401.21	\$ 560.53
LEV A-INTERMEDIATE	7	271	27,716.68	102.28	.005	3959.53	.55
LEV B-REHAB MD	23	689	72,399.68	105.08	.014	3147.81	1.43
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	53	39,674.01	748.57	.001	19837.01	.79
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8,286	241,132	28,144,636.54	116.72	4.779	3396.65	557.76
@INTERMEDIATE CARE FACIL.-DD	49	1,538	\$ 251,710.65	\$ 163.66	.030	\$ 5136.95	\$ 4.99
ICF DDH	36	1,097	169,371.24	154.39	.022	4704.76	3.36
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	13	441	82,339.41	186.71	.009	6333.80	1.63
@HEMODIALYSIS TOTAL	218	3,585	\$ 260,046.74	\$ 72.54	.071	\$ 1192.87	\$ 5.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	218	3,585	260,046.74	72.54	.071	1192.87	5.15
@REHABILITATION FACILITY	3	6	\$ 156.71	\$ 26.12	.000	\$ 52.24	\$.00
HOSPITAL BASED	3	6	156.71	26.12	.000	52.24	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	400	1,897	\$ 20,282.58	\$ 10.69	.038	\$ 50.71	\$.40
PATHOLOGY	388	1,865	20,013.73	10.73	.037	51.58	.40
XO AND OTHERS	12	32	268.85	8.40	.001	22.40	.01
@ORGANIZED OUTPATIENT CLINIC	3,413	5,544	\$ 346,707.91	\$ 62.54	.110	\$ 101.58	\$ 6.87
CLINIC	5	11	650.68	59.15	.000	130.14	.01
SURGICENTER	115	151	25,731.63	170.41	.003	223.75	.51
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,299	5,382	320,325.60	59.52	.107	97.10	6.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

PAGE 15,580
03/14/05

		----- MONTHLY AVERAGE -----						
50,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,076	266,087	\$ 2,587,046.62	\$ 9.72	5.273	\$ 425.78	\$ 51.27	
DURABLE MED. EQUIP.	333	1,619	193,963.99	119.80	.032	582.47	3.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	141	221	41,034.40	185.68	.004	291.02	.81	
MEDICAL TRANSPORTATION	735	43,774	157,673.47	3.60	.867	214.52	3.12	
AMBULANCES/AIR TRANS	59	400	6,701.44	16.75	.008	113.58	.13	
OTHER TRANS	606	42,913	148,197.93	3.45	.850	244.55	2.94	
OTHER SERVICES	75	461	2,774.10	6.02	.009	36.99	.05	
ACUPUNCTURE	39	109	1,936.58	17.77	.002	49.66	.04	
ADULT DAY HEALTH CARE CTR	118	1,368	95,275.92	69.65	.027	807.42	1.89	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,261	7,489	455,890.98	60.87	.148	361.53	9.03	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	724	1,707	20,007.60	11.72	.034	27.63	.40	
PHYSICAL THERAPIST	1	4	2.81	.70	.000	2.81	.00	
PORTABLE X-RAY	160	266	226.69	.85	.005	1.42	.00	
PROSTHETIST/ORTHOTISTS	7	17	1,531.13	90.07	.000	218.73	.03	
PROSTHETICS	7	17	1,531.13	90.07	.000	218.73	.03	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	72	192	3,044.47	15.86	.004	42.28	.06	
SPEECH AND AUDIOLOGY	253	559	36,265.51	64.88	.011	143.34	.72	
HOSPICE SERVICES	457	12,610	1,449,985.43	114.99	.250	3172.83	28.74	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	2	5	52.00	10.40	.000	26.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,529	196,147	130,155.64	.66	3.887	51.47	2.58
@CALIF. CHILDREN SERVICES*	4	4	\$ 140.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11,375	128,704	\$ 1,999,720.39	\$ 15.54	2.551	\$ 175.80	\$ 39.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,581
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

	2,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,908	91,114	\$ 2,059,561.88	\$ 22.60	34.422	\$ 1079.43	\$ 778.07	
@PHYSICIANS SERVICES	493	1,523	\$ 52,611.39	\$ 34.54	.575	\$ 106.72	\$ 19.88	
OUTPATIENT VISITS	199	330	12,624.54	38.26	.125	63.44	4.77	
OFFICE VISITS	160	240	6,781.61	28.26	.091	42.39	2.56	
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01	
EMERGENCY ROOM	57	80	5,534.51	69.18	.030	97.10	2.09	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.02	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	9	8	230.27	28.78	.003	25.59	.09	
INPATIENT VISITS	27	115	4,738.04	41.20	.043	175.48	1.79	
HOSPITAL VISITS	27	112	4,373.24	39.05	.042	161.97	1.65	
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.14	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	23	27	1,230.12	45.56	.010	53.48	.46	
EXAMINATIONS	23	27	1,230.12	45.56	.010	53.48	.46	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	10	67	5,539.00	82.67	.025	553.90	2.09	
PRINCIPAL SURGEON	6	10	3,967.23	396.72	.004	661.21	1.50	
ASSISTANT SURGEON	1	2	336.36	168.18	.001	336.36	.13	
ANESTHESIOLOGIST	5	55	1,235.41	22.46	.021	247.08	.47	
OUTPATIENT SURGERY	29	100	8,680.58	86.81	.038	299.33	3.28	
PRINCIPAL SURGEON	18	21	6,350.56	302.41	.008	352.81	2.40	
ASSISTANT SURGEON	2	2	201.79	100.90	.001	100.90	.08	
ANESTHESIOLOGIST	10	77	2,128.23	27.64	.029	212.82	.80	
DIALYSIS	4	8	355.33	44.42	.003	88.83	.13	
PATHOLOGY	27	74	1,028.37	13.90	.028	38.09	.39	
RADIOLOGY	64	103	4,591.10	44.57	.039	71.74	1.73	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	7	17	172.29	10.13	.006	24.61	.07	
OTHER SERVICES/ALL X-OVERS	264	682	13,652.02	20.02	.258	51.71	5.16	
@PHARMACY	1,499	46,931	\$ 590,108.09	\$ 12.57	17.730	\$ 393.67	\$ 222.93	
PRESCRIPTION DRUGS	1,454	6,392	544,642.28	85.21	2.415	374.58	205.76	
SNF/ICF	56	381	24,324.98	63.85	.144	434.37	9.19	
OUTPATIENTS	1,400	6,011	520,317.30	86.56	2.271	371.66	196.57	
MEDICAL SUPPLIES	267	40,539	45,465.81	1.12	15.315	170.28	17.18	
@DENTIST	80	433	\$ 12,572.70	\$ 29.04	.164	\$ 157.16	\$ 4.75	
VISITS - DIAGNOSTIC	67	266	3,630.00	13.65	.100	54.18	1.37	
ORAL SURGERY	12	57	2,841.00	49.84	.022	236.75	1.07	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	

PERIODONTICS	4	6	406.50	67.75	.002	101.63	.15
ENDODONTICS	3	6	426.00	71.00	.002	142.00	.16
RESTORATIVE DENTISTRY	23	79	3,609.20	45.69	.030	156.92	1.36
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	7	12	1,595.00	132.92	.005	227.86	.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,582
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

2,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	73	\$ 2,888.78	\$ 39.57	.028	\$ 120.37	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	8	8	399.25	49.91	.003	49.91	.15
EYE APPLIANCES	20	61	2,275.05	37.30	.023	113.75	.86
OTHER OPTOMETRIC SERVICES	2	4	214.48	53.62	.002	107.24	.08
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.01
@PODIATRIST	73	151	\$ 1,052.67	\$ 6.97	.057	\$ 14.42	\$.40
MEDICINE/INJECTIONS	10	13	378.40	29.11	.005	37.84	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	63	138	674.27	4.89	.052	10.70	.25
@HOME HEALTH AGENCY	17	2,016	\$ 60,076.26	\$ 29.80	.762	\$ 3533.90	\$ 22.70
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	374	2,634	\$ 281,920.31	\$ 107.03	.995	\$ 753.80	\$ 106.51
HOSP INPATIENT TOTAL	46	91	228,618.30	2512.29	.034	4969.96	86.37
HSC HOSPITALS	3	6	9,716.17	1619.36	.002	3238.72	3.67
NON-HSC HOSPITAL TOTAL	20	85	199,075.11	2342.06	.032	9953.76	75.21
ACCOMMODATIONS	20	85	49,338.03	580.45	.032	2466.90	18.64
ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.004	2313.00	.87
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	47,025.03	627.00	.028	2351.25	17.77
ANCILLARIES	20	0	149,737.08	.00	.000	7486.85	56.57
INPATIENT CROSSOVERS	23	0	19,827.02	.00	.000	862.04	7.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	344	2,543	53,302.01	20.96	.961	154.95	20.14
MEDICAL	99	148	5,806.10	39.23	.056	58.65	2.19
SURGERY	24	27	1,696.11	62.82	.010	70.67	.64
PATHOLOGY	104	586	6,199.96	10.58	.221	59.62	2.34
RADIOLOGY	51	69	4,312.90	62.51	.026	84.57	1.63
ROOM USE	128	192	7,124.62	37.11	.073	55.66	2.69
CROSSOVERS/ALL OTH OUTPTNT	196	1,521	28,162.32	18.52	.575	143.69	10.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,583
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

	2,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	374	2,634	\$	281,920.31	\$ 107.03	.995	\$ 753.80	\$ 106.51
COMM HOSP INPATIENT TOTAL	46	91		228,618.30	2512.29	.034	4969.96	86.37
HSC HOSPITALS	3	6		9,716.17	1619.36	.002	3238.72	3.67
NON-HSC HOSPITALS TOTAL	20	85		199,075.11	2342.06	.032	9953.76	75.21
ACCOMMODATIONS	20	85		49,338.03	580.45	.032	2466.90	18.64
ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.004	2313.00	.87
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75		47,025.03	627.00	.028	2351.25	17.77
ANCILLARIES	20	0		149,737.08	.00	.000	7486.85	56.57
INPATIENT CROSSOVERS	23	0		19,827.02	.00	.000	862.04	7.49
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	344	2,543		53,302.01	20.96	.961	154.95	20.14
MEDICAL	99	148		5,806.10	39.23	.056	58.65	2.19
SURGERY	24	27		1,696.11	62.82	.010	70.67	.64
PATHOLOGY	104	586		6,199.96	10.58	.221	59.62	2.34
RADIOLOGY	51	69		4,312.90	62.51	.026	84.57	1.63
ROOM USE	128	192		7,124.62	37.11	.073	55.66	2.69
CROSSOVERS/ALL OTH OUTPTNT	196	1,521		28,162.32	18.52	.575	143.69	10.64
@STATE HOSPITAL	24	731	\$	379,245.25	\$ 518.80	.276	\$ 15801.89	\$ 143.27
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	731		379,245.25	518.80	.276	15801.89	143.27
@NURSING FACILITY	66	1,630	\$	228,869.14	\$ 140.41	.616	\$ 3467.71	\$ 86.46
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	66	1,630		228,869.14	140.41	.616	3467.71	86.46
@INTERMEDIATE CARE FACIL.-DD	12	342	\$	137,367.26	\$ 401.66	.129	\$ 11447.27	\$ 51.90
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		90.54	.00	.000	.00	.03
ICF DDN/DDCN	12	342		137,276.72	401.39	.129	11439.73	51.86
@HEMODIALYSIS TOTAL	60	1,057	\$	118,661.03	\$ 112.26	.399	\$ 1977.68	\$ 44.83
HOSPITAL BASED	7	156		63,539.66	407.31	.059	9077.09	24.00
HEMODIALYSIS CENTER	53	901		55,121.37	61.18	.340	1040.03	20.82
@REHABILITATION FACILITY	25	259	\$	3,793.88	\$ 14.65	.098	\$ 151.76	\$ 1.43
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	25	259		3,793.88		14.65	.098	151.76	1.43
@LABORATORY FACILITY	44	269	\$	3,180.50	\$	11.82	.102	\$ 72.28	\$ 1.20
PATHOLOGY	43	267		3,162.85		11.85	.101	73.55	1.19
XO AND OTHERS	1	2		17.65		8.83	.001	17.65	.01
@ORGANIZED OUTPATIENT CLINIC	145	223	\$	19,061.59	\$	85.48	.084	\$ 131.46	\$ 7.20
CLINIC	4	9		551.42		61.27	.003	137.86	.21
SURGICENTER	3	3		453.88		151.29	.001	151.29	.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	139	211		18,056.29		85.57	.080	129.90	6.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,584
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL BLIND								

						----- MONTHLY AVERAGE -----			
2,647 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	402	32,841	\$	168,136.31	\$ 5.12	12.407	\$ 418.25	\$ 63.52	
DURABLE MED. EQUIP.	66	218		34,481.39	158.17	.082	522.45	13.03	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1		551.31	551.31	.000	551.31	.21	
MEDICAL TRANSPORTATION	93	15,582		49,740.33	3.19	5.887	534.84	18.79	
AMBULANCES/AIR TRANS	25	142		3,147.24	22.16	.054	125.89	1.19	
OTHER TRANS	65	15,433		46,552.39	3.02	5.830	716.19	17.59	
OTHER SERVICES	3	7		40.70	5.81	.003	13.57	.02	
ACUPUNCTURE	4	14		248.70	17.76	.005	62.18	.09	
ADULT DAY HEALTH CARE CTR	14	121		8,419.18	69.58	.046	601.37	3.18	
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	51	229		18,416.91	80.42	.087	361.12	6.96	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	37	92		1,964.98	21.36	.035	53.11	.74	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	13	45		10,666.53	237.03	.017	820.50	4.03	

PROSTHETICS	13	45	10,666.53	237.03	.017	820.50	4.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	23	669.81	29.12	.009	167.45	.25
SPEECH AND AUDIOLOGY	8	14	1,938.44	138.46	.005	242.31	.73
HOSPICE SERVICES	1	112	16,740.64	149.47	.042	16740.64	6.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61	1,185	12,515.38	10.56	.448	205.17	4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	136	15,204	11,677.71	.77	5.744	85.87	4.41
@CALIF. CHILDREN SERVICES*	105	5,562	\$ 204,224.14	\$ 36.72	2.101	\$ 1944.99	\$ 77.15
@XOVER EXCLUDING STATE HOSP**	433	6,267	\$ 114,160.11	\$ 18.22	2.368	\$ 263.65	\$ 43.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,585

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						----- MONTHLY AVERAGE -----		
122,698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	104,163	2,963,071	\$ 235,188,385.24	\$ 79.37	24.149	\$ 2257.89	\$ 1916.81	
@PHYSICIANS SERVICES	23,396	125,396	\$ 3,534,997.91	\$ 28.19	1.022	\$ 151.09	\$ 28.81	
OUTPATIENT VISITS	9,687	14,011	578,834.74	41.31	.114	59.75	4.72	
OFFICE VISITS	5,795	7,826	248,116.35	31.70	.064	42.82	2.02	
HOME VISITS	123	159	8,875.20	55.82	.001	72.16	.07	
EMERGENCY ROOM	3,622	5,097	296,695.62	58.21	.042	81.91	2.42	
PREVENTIVE CARE	15	15	620.84	41.39	.000	41.39	.01	
OB VISITS/COMPRE PERI	19	33	2,323.33	70.40	.000	122.28	.02	
OTHER OUTPATIENT	763	881	22,203.40	25.20	.007	29.10	.18	
INPATIENT VISITS	1,964	9,069	438,470.34	48.35	.074	223.25	3.57	
HOSPITAL VISITS	1,440	7,174	316,149.68	44.07	.058	219.55	2.58	
CRITICAL CARE	218	719	84,069.07	116.92	.006	385.64	.69	
SNF/ICF/TRANS IP CARE	504	1,176	38,251.59	32.53	.010	75.90	.31	
OPHTHALMOLOGICAL SERVICES	595	774	31,416.20	40.59	.006	52.80	.26	
EXAMINATIONS	594	773	31,349.06	40.56	.006	52.78	.26	
SERVICES AND MATERIALS	1	1	67.14	67.14	.000	67.14	.00	
INPATIENT HOSPITAL SURGERY	725	4,830	365,216.40	75.61	.039	503.75	2.98	
PRINCIPAL SURGEON	509	764	274,005.98	358.65	.006	538.32	2.23	
ASSISTANT SURGEON	49	51	10,996.12	215.61	.000	224.41	.09	
ANESTHESIOLOGIST	288	4,015	80,214.30	19.98	.033	278.52	.65	
OUTPATIENT SURGERY	1,700	4,822	346,978.80	71.96	.039	204.11	2.83	
PRINCIPAL SURGEON	1,339	1,799	279,025.25	155.10	.015	208.38	2.27	
ASSISTANT SURGEON	11	11	1,229.59	111.78	.000	111.78	.01	
ANESTHESIOLOGIST	449	3,012	66,723.96	22.15	.025	148.61	.54	
DIALYSIS	270	387	68,644.25	177.38	.003	254.24	.56	
PATHOLOGY	1,508	4,470	64,475.29	14.42	.036	42.76	.53	
RADIOLOGY	5,233	10,323	495,071.02	47.96	.084	94.61	4.03	
PSYCHIATRY	6	7	205.28	29.33	.000	34.21	.00	
IMMUNIZATION AND INJECTION	581	7,449	426,380.08	57.24	.061	733.87	3.48	
OTHER SERVICES/ALL X-OVERS	10,055	69,254	719,305.51	10.39	.564	71.54	5.86	
@PHARMACY	75,314	1,042,124	\$ 36,151,599.63	\$ 34.69	8.493	\$ 480.01	\$ 294.64	
PRESCRIPTION DRUGS	74,169	343,050	35,358,543.54	103.07	2.796	476.73	288.18	
SNF/ICF	3,637	26,514	2,504,464.01	94.46	.216	688.61	20.41	
OUTPATIENTS	70,737	316,536	32,854,079.53	103.79	2.580	464.45	267.76	

MEDICAL SUPPLIES	6,637	699,074		793,056.09	1.13	5.698	119.49	6.46	
@DENTIST	5,504	22,976	\$	824,061.59	\$ 35.87	.187	\$ 149.72	\$ 6.72	
VISITS - DIAGNOSTIC	3,919	14,457		193,745.72	13.40	.118	49.44	1.58	
ORAL SURGERY	864	2,553		146,475.99	57.37	.021	169.53	1.19	
DRUGS	15	17		150.00	8.82	.000	10.00	.00	
ANESTHESIA	28	28		2,400.00	85.71	.000	85.71	.02	
PERIODONTICS	275	310		34,648.00	111.77	.003	125.99	.28	
ENDODONTICS	202	280		56,039.25	200.14	.002	277.42	.46	
RESTORATIVE DENTISTRY	1,420	3,622		203,346.29	56.14	.030	143.20	1.66	
PROSTHETICS	45	49		1,090.00	22.24	.000	24.22	.01	
DENTURES, STAYPLATES	499	1,453		181,434.62	124.87	.012	363.60	1.48	
SPACE MAINTAINERS	2	2		240.00	120.00	.000	120.00	.00	
MAXILLOFACIAL SERVICES	11	15		1,545.47	103.03	.000	140.50	.01	
FRACTURES, DISLOCATIONS	1	1		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	41	69		2,800.00	40.58	.001	68.29	.02	
ALL OTHER SERVICES	108	120		146.25	1.22	.001	1.35	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,586
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	122,698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,438	7,295	\$	145,335.79	\$ 19.92	.059	\$ 59.61	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	880	945		39,972.71	42.30	.008	45.42	.33
EYE APPLIANCES	2,031	6,068		96,449.01	15.89	.049	47.49	.79
OTHER OPTOMETRIC SERVICES	191	282		8,914.07	31.61	.002	46.67	.07
@CHIROPRACITOR	215	561	\$	9,086.80	\$ 16.20	.005	\$ 42.26	\$.07
VISITS	195	521		8,615.15	16.54	.004	44.18	.07
OTHER SERVICES	20	40		471.65	11.79	.000	23.58	.00
@PODIATRIST	1,452	2,557	\$	28,457.59	\$ 11.13	.021	\$ 19.60	\$.23
MEDICINE/INJECTIONS	270	337		8,797.13	26.10	.003	32.58	.07
SURGERY/ANES.	15	17		1,292.98	76.06	.000	86.20	.01
RADIO./PATHOLOGY	5	5		100.34	20.07	.000	20.07	.00
OTHER	1,173	2,198		18,267.14	8.31	.018	15.57	.15
@HOME HEALTH AGENCY	584	34,039	\$	1,081,609.44	\$ 31.78	.277	\$ 1852.07	\$ 8.82
NURSE ANESTHESIST	6	49	\$	395.84	\$ 8.08	.000	\$ 65.97	\$.00
NURSE MIDWIFE	65	407	\$	7,437.32	\$ 18.27	.003	\$ 114.42	\$.06
PEDIATRIC NURSE PRACTITIONER	2	3	\$	68.70	\$ 22.90	.000	\$ 34.35	\$.00
FAMILY NURSE PRACTITIONER	17	19	\$	577.17	\$ 30.38	.000	\$ 33.95	\$.00
@TOTAL HOSPITAL	20,401	101,839	\$	17,622,318.56	\$ 173.04	.830	\$ 863.80	\$ 143.62
HOSP INPATIENT TOTAL	1,787	7,015		14,922,099.72	2127.17	.057	8350.36	121.62
HSC HOSPITALS	221	1,620		2,406,458.61	1485.47	.013	10888.95	19.61
NON-HSC HOSPITAL TOTAL	861	5,395		11,760,400.97	2179.87	.044	13659.00	95.85
ACCOMMODATIONS	859	5,395		3,261,963.38	604.63	.044	3797.40	26.59
ADMINISTRATIVE DAYS	16	279		57,420.23	205.81	.002	3588.76	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	845	5,116		3,204,543.15	626.38	.042	3792.36	26.12
ANCILLARIES	861	0		8,498,437.59	.00	.000	9870.43	69.26
INPATIENT CROSSOVERS	739	0		755,240.14	.00	.000	1021.98	6.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,348	94,824		2,700,218.84	28.48	.773	139.56	22.01
MEDICAL	6,882	11,202		420,340.68	37.52	.091	61.08	3.43
SURGERY	1,523	1,717		85,113.83	49.57	.014	55.89	.69
PATHOLOGY	5,677	25,928		318,540.08	12.29	.211	56.11	2.60
RADIOLOGY	3,763	5,696		516,866.72	90.74	.046	137.35	4.21
ROOM USE	8,974	13,310		508,374.98	38.19	.108	56.65	4.14

CROSSOVERS/ALL OTH OUTPTNT	9,088	36,971		850,982.55	23.02	.301	93.64	6.94
@COUNTY HOSPITAL TOTAL	93	564	\$	262,313.51	\$ 465.09	.005	\$ 2820.58	\$ 2.14
CO HOSPITAL INPATIENT TOTAL	19	206		252,719.07	1226.79	.002	13301.00	2.06
HSC HOSPITALS	19	182		239,238.00	1314.49	.001	12591.47	1.95
NON-HSC HOSPITALS TOTAL	3	24		13,481.07	561.71	.000	4493.69	.11
ACCOMMODATIONS	3	24		5,551.20	231.30	.000	1850.40	.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	24		5,551.20	231.30	.000	1850.40	.05
ANCILLARIES	3	0		7,929.87	.00	.000	2643.29	.06
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	79	358		9,594.44	26.80	.003	121.45	.08
MEDICAL	28	45		1,397.81	31.06	.000	49.92	.01
SURGERY	6	6		474.71	79.12	.000	79.12	.00
PATHOLOGY	24	137		2,449.14	17.88	.001	102.05	.02
RADIOLOGY	12	19		973.20	51.22	.000	81.10	.01
ROOM USE	49	76		3,134.13	41.24	.001	63.96	.03
CROSSOVERS/ALL OTH OUTPTNT	39	75		1,165.45	15.54	.001	29.88	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,587
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	122,698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,331	101,275	\$	17,360,005.05	\$ 171.41	.825	\$ 853.87	\$ 141.49
COMM HOSP INPATIENT TOTAL	1,769	6,809		14,669,380.65	2154.41	.055	8292.47	119.56
HSC HOSPITALS	202	1,438		2,167,220.61	1507.11	.012	10728.81	17.66
NON-HSC HOSPITALS TOTAL	859	5,371		11,746,919.90	2187.10	.044	13675.11	95.74
ACCOMMODATIONS	857	5,371		3,256,412.18	606.30	.044	3799.78	26.54
ADMINISTRATIVE DAYS	16	279		57,420.23	205.81	.002	3588.76	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	843	5,092		3,198,991.95	628.24	.042	3794.77	26.07
ANCILLARIES	859	0		8,490,507.72	.00	.000	9884.18	69.20
INPATIENT CROSSOVERS	739	0		755,240.14	.00	.000	1021.98	6.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19,286	94,466		2,690,624.40	28.48	.770	139.51	21.93
MEDICAL	6,858	11,157		418,942.87	37.55	.091	61.09	3.41
SURGERY	1,517	1,711		84,639.12	49.47	.014	55.79	.69
PATHOLOGY	5,659	25,791		316,090.94	12.26	.210	55.86	2.58
RADIOLOGY	3,753	5,677		515,893.52	90.87	.046	137.46	4.20
ROOM USE	8,938	13,234		505,240.85	38.18	.108	56.53	4.12
CROSSOVERS/ALL OTH OUTPTNT	9,053	36,896		849,817.10	23.03	.301	93.87	6.93
@STATE HOSPITAL	9,381	289,751	\$	149,066,870.29	\$ 514.47	2.361	\$ 15890.30	\$ 1214.91
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	9,381	289,751		149,066,870.29	514.47	2.361	15890.30	1214.91
@NURSING FACILITY	2,170	60,736	\$	9,036,239.85	\$ 148.78	.495	\$ 4164.17	\$ 73.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	540	17,667		2,319,846.14	131.31	.144	4296.01	18.91
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56	369.28	.003	11615.69	1.04
LEV B-SUBACUTE HSPTL BASED	47	1,724		901,234.57	522.76	.014	19175.20	7.35
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,579	40,999		5,687,386.58	138.72	.334	3601.89	46.35
@INTERMEDIATE CARE FACIL.-DD	1,538	47,330	\$	8,411,893.59	\$ 177.73	.386	\$ 5469.37	\$ 68.56
ICF DDH	1,078	33,221		5,246,219.39	157.92	.271	4866.62	42.76
ICF DD	10	323		35,741.58	110.66	.003	3574.16	.29

ICF DDN/DDCN	451	13,786		3,129,932.62		227.04	.112	6939.98	25.51
@HEMODIALYSIS TOTAL	1,020	32,169	\$	1,411,491.48	\$	43.88	.262	\$ 1383.82	\$ 11.50
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1,020	32,169		1,411,491.48		43.88	.262	1383.82	11.50
@REHABILITATION FACILITY	522	6,886	\$	106,978.35	\$	15.54	.056	\$ 204.94	\$.87
HOSPITAL BASED	80	848		17,515.98		20.66	.007	218.95	.14
INDEPENDENT FACILITY	443	6,038		89,462.37		14.82	.049	201.95	.73
@LABORATORY FACILITY	5,032	21,297	\$	297,220.41	\$	13.96	.174	\$ 59.07	\$ 2.42
PATHOLOGY	4,969	21,079		295,577.68		14.02	.172	59.48	2.41
XO AND OTHERS	63	218		1,642.73		7.54	.002	26.08	.01
@ORGANIZED OUTPATIENT CLINIC	14,693	29,715	\$	2,658,224.27	\$	89.46	.242	\$ 180.92	\$ 21.66
CLINIC	495	1,483		40,216.14		27.12	.012	81.24	.33
SURGICENTER	142	424		35,981.81		84.86	.003	253.39	.29
HEROIN DETOX CLINIC	59	807		9,828.31		12.18	.007	166.58	.08
RURAL HEALTH CLINIC	14,072	27,001		2,572,198.01		95.26	.220	182.79	20.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,588
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

						----- MONTHLY AVERAGE -----		
122,698 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14,785	1,137,922	\$ 4,793,520.66	\$ 4.21	9.274	\$ 324.22	\$ 39.07	
DURABLE MED. EQUIP.	1,759	7,005	1,175,372.02	167.79	.057	668.20	9.58	
BLOOD BANK	15	19	2,868.75	150.99	.000	191.25	.02	
HEARING AID DISPENSERS	103	155	20,725.91	133.72	.001	201.22	.17	
MEDICAL TRANSPORTATION	2,544	174,098	739,504.11	4.25	1.419	290.69	6.03	
AMBULANCES/AIR TRANS	1,424	11,109	219,751.74	19.78	.091	154.32	1.79	
OTHER TRANS	1,001	162,632	496,784.73	3.05	1.325	496.29	4.05	
OTHER SERVICES	152	357	22,967.64	64.34	.003	151.10	.19	
ACUPUNCTURE	158	416	6,998.14	16.82	.003	44.29	.06	
ADULT DAY HEALTH CARE CTR	175	2,042	141,710.91	69.40	.017	809.78	1.15	
GENETIC DISEASE TESTING	17	17	1,785.00	105.00	.000	105.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	645	29,001	1,002,828.39	34.58	.236	1554.77	8.17	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,275	5,216	58,767.13	11.27	.043	25.83	.48	
PHYSICAL THERAPIST	83	398	5,064.34	12.72	.003	61.02	.04	
PORTABLE X-RAY	80	150	2,240.88	14.94	.001	28.01	.02	
PROSTHETIST/ORTHOTISTS	216	942	134,757.49	143.05	.008	623.88	1.10	
PROSTHETICS	216	942	134,757.49	143.05	.008	623.88	1.10	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	197	639	13,988.17	21.89	.005	71.01	.11	
SPEECH AND AUDIOLOGY	1,341	4,306	202,027.22	46.92	.035	150.65	1.65	
HOSPICE SERVICES	128	3,961	557,202.02	140.67	.032	4353.14	4.54	
NONINST BIRTHING CENTERS	2	2	1,500.00	750.00	.000	750.00	.01	
LOCAL EDUCATION AGENCIES	1,326	33,913	276,416.86	8.15	.276	208.46	2.25	
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.010	5689.86	.23	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	5,162	874,468	421,314.02	.48	7.127	81.62	3.43	
@CALIF. CHILDREN SERVICES*	1,863	102,427	\$ 2,632,828.39	\$ 25.70	.835	\$ 1413.22	\$ 21.46	
@XOVER EXCLUDING STATE HOSP**	16,512	539,401	\$ 3,000,344.44	\$ 5.56	4.396	\$ 181.71	\$ 24.45	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

272,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	111,689	529,604	\$ 36,635,234.59	\$ 69.17	1.944	\$ 328.01	\$ 134.45
@PHYSICIANS SERVICES	33,769	81,692	\$ 3,985,311.78	\$ 48.78	.300	\$ 118.02	\$ 14.63
OUTPATIENT VISITS	22,826	29,916	1,101,804.64	36.83	.110	48.27	4.04
OFFICE VISITS	12,314	15,562	446,106.73	28.67	.057	36.23	1.64
HOME VISITS	1	2	50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	9,085	10,567	513,133.86	48.56	.039	56.48	1.88
PREVENTIVE CARE	312	317	12,569.19	39.65	.001	40.29	.05
OB VISITS/COMPRE PERI	659	1,530	82,214.91	53.74	.006	124.76	.30
OTHER OUTPATIENT	1,718	1,938	47,729.55	24.63	.007	27.78	.18
INPATIENT VISITS	1,895	6,275	425,097.98	67.74	.023	224.33	1.56
HOSPITAL VISITS	1,785	4,909	229,415.28	46.73	.018	128.52	.84
CRITICAL CARE	239	1,360	195,460.60	143.72	.005	817.83	.72
SNF/ICF/TRANS IP CARE	5	6	222.10	37.02	.000	44.42	.00
OPHTHALMOLOGICAL SERVICES	433	528	23,357.73	44.24	.002	53.94	.09
EXAMINATIONS	427	526	23,167.70	44.05	.002	54.26	.09
SERVICES AND MATERIALS	6	2	190.03	95.02	.000	31.67	.00
INPATIENT HOSPITAL SURGERY	2,056	10,867	964,119.80	88.72	.040	468.93	3.54
PRINCIPAL SURGEON	1,283	1,551	742,595.19	478.78	.006	578.80	2.73
ASSISTANT SURGEON	160	164	28,504.07	173.81	.001	178.15	.10
ANESTHESIOLOGIST	949	9,152	193,020.54	21.09	.034	203.39	.71
OUTPATIENT SURGERY	2,722	6,866	414,875.47	60.42	.025	152.42	1.52
PRINCIPAL SURGEON	2,231	2,827	321,265.66	113.64	.010	144.00	1.18
ASSISTANT SURGEON	32	32	3,025.55	94.55	.000	94.55	.01
ANESTHESIOLOGIST	615	4,007	90,584.26	22.61	.015	147.29	.33
DIALYSIS	69	104	19,463.92	187.15	.000	282.09	.07
PATHOLOGY	3,159	5,991	98,603.93	16.46	.022	31.21	.36
RADIOLOGY	8,459	12,887	447,371.96	34.71	.047	52.89	1.64
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00

IMMUNIZATION AND INJECTION	477	2,724		146,166.02		53.66	.010	306.43	.54
OTHER SERVICES/ALL X-OVERS	2,655	5,533		344,421.15		62.25	.020	129.73	1.26
@PHARMACY	46,189	127,900	\$	5,794,996.20	\$	45.31	.469	\$ 125.46	\$ 21.27
PRESCRIPTION DRUGS	45,821	103,212		5,658,383.01		54.82	.379	123.49	20.77
SNF/ICF	20	74		20,797.12		281.04	.000	1039.86	.08
OUTPATIENTS	45,804	103,138		5,637,585.89		54.66	.379	123.08	20.69
MEDICAL SUPPLIES	1,539	24,688		136,613.19		5.53	.091	88.77	.50
@DENTIST	11,039	56,729	\$	1,688,915.85	\$	29.77	.208	\$ 153.00	\$ 6.20
VISITS - DIAGNOSTIC	8,171	36,574		524,113.84		14.33	.134	64.14	1.92
ORAL SURGERY	1,649	3,705		224,149.25		60.50	.014	135.93	.82
DRUGS	86	96		1,830.43		19.07	.000	21.28	.01
ANESTHESIA	88	89		8,300.00		93.26	.000	94.32	.03
PERIODONTICS	130	137		12,470.22		91.02	.001	95.92	.05
ENDODONTICS	950	1,903		195,052.49		102.50	.007	205.32	.72
RESTORATIVE DENTISTRY	4,073	12,702		631,123.35		49.69	.047	154.95	2.32
PROSTHETICS	14	13		300.00		23.08	.000	21.43	.00
DENTURES, STAYPLATES	128	484		50,182.66		103.68	.002	392.05	.18
SPACE MAINTAINERS	73	90		9,189.00		102.10	.000	125.88	.03
MAXILLOFACIAL SERVICES	19	26		3,304.92		127.11	.000	173.94	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	408	492		26,988.69		54.86	.002	66.15	.10
ALL OTHER SERVICES	305	418		1,911.00		4.57	.002	6.27	.01
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE/DENTAL								PAGE 15,590
MOP024	SUMMARY OF SERVICES FOR ALL FAMILIES								03/14/05
SONOMA COUNTY									

----- MONTHLY AVERAGE -----									
272,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	2,324	6,970	\$ 155,836.22	\$ 22.36	.026	\$ 67.06	\$.57		
DIAGNOSTIC AND ANC. PROCED	1,659	1,762	75,178.52	42.67	.006	45.32	.28		
EYE APPLIANCES	1,731	5,110	75,856.53	14.84	.019	43.82	.28		
OTHER OPTOMETRIC SERVICES	92	98	4,801.17	48.99	.000	52.19	.02		
@CHIROPRACTOR	190	425	\$ 7,001.83	\$ 16.47	.002	\$ 36.85	\$.03		
VISITS	188	422	6,964.05	16.50	.002	37.04	.03		
OTHER SERVICES	2	3	37.78	12.59	.000	18.89	.00		
@PODIATRIST	61	91	\$ 2,839.09	\$ 31.20	.000	\$ 46.54	\$.01		
MEDICINE/INJECTIONS	56	68	2,302.92	33.87	.000	41.12	.01		
SURGERY/ANES.	8	10	203.53	20.35	.000	25.44	.00		
RADIO./PATHOLOGY	7	11	224.90	20.45	.000	32.13	.00		
OTHER	1	2	107.74	53.87	.000	107.74	.00		
@HOME HEALTH AGENCY	498	1,147	\$ 71,780.18	\$ 62.58	.004	\$ 144.14	\$.26		
NURSE ANESTHESIST	9	162	2,464.36	15.21	.001	273.82	.01		
NURSE MIDWIFE	762	5,581	\$ 173,889.25	\$ 31.16	.020	\$ 228.20	\$.64		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	20	36	\$ 823.29	\$ 22.87	.000	\$ 41.16	\$.00		
@TOTAL HOSPITAL	29,226	114,810	\$ 18,028,742.95	\$ 157.03	.421	\$ 616.87	\$ 66.16		
HOSP INPATIENT TOTAL	1,987	8,562	14,917,657.21	1742.31	.031	7507.63	54.75		
HSC HOSPITALS	221	1,440	2,359,011.75	1638.20	.005	10674.26	8.66		
NON-HSC HOSPITAL TOTAL	1,780	7,122	12,550,788.16	1762.26	.026	7051.00	46.06		
ACCOMMODATIONS	1,776	7,122	4,528,042.81	635.78	.026	2549.57	16.62		
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.03		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1,773	7,091	4,520,872.51	637.55	.026	2549.84	16.59		
ANCILLARIES	1,780	0	8,022,745.35	.00	.000	4507.16	29.44		
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.03		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	28,023	106,248	3,111,085.74	29.28	.390	111.02	11.42
MEDICAL	10,326	14,089	499,907.11	35.48	.052	48.41	1.83
SURGERY	2,753	3,305	146,215.83	44.24	.012	53.11	.54
PATHOLOGY	8,428	30,003	368,351.52	12.28	.110	43.71	1.35
RADIOLOGY	6,635	8,891	597,554.59	67.21	.033	90.06	2.19
ROOM USE	19,235	25,414	954,318.72	37.55	.093	49.61	3.50
CROSSOVERS/ALL OTH OUTPTNT	9,148	24,546	544,737.97	22.19	.090	59.55	2.00
@COUNTY HOSPITAL TOTAL	91	470	159,930.69	340.28	.002	1757.48	.59
CO HOSPITAL INPATIENT TOTAL	9	109	145,054.02	1330.77	.000	16117.11	.53
HSC HOSPITALS	9	109	145,054.02	1330.77	.000	16117.11	.53
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	85	361	14,876.67	41.21	.001	175.02	.05
MEDICAL	32	41	1,808.90	44.12	.000	56.53	.01
SURGERY	17	28	888.41	31.73	.000	52.26	.00
PATHOLOGY	21	95	2,274.62	23.94	.000	108.32	.01
RADIOLOGY	14	20	1,367.50	68.38	.000	97.68	.01
ROOM USE	58	101	5,209.00	51.57	.000	89.81	.02
CROSSOVERS/ALL OTH OUTPTNT	39	76	3,328.24	43.79	.000	85.34	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,591
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
272,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	29,154	114,340	\$ 17,868,812.26	\$ 156.28	.420	\$ 612.91	\$ 65.58	
COMM HOSP INPATIENT TOTAL	1,979	8,453	14,772,603.19	1747.62	.031	7464.68	54.21	
HSC HOSPITALS	212	1,331	2,213,957.73	1663.38	.005	10443.20	8.12	
NON-HSC HOSPITALS TOTAL	1,780	7,122	12,550,788.16	1762.26	.026	7051.00	46.06	
ACCOMMODATIONS	1,776	7,122	4,528,042.81	635.78	.026	2549.57	16.62	
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,773	7,091	4,520,872.51	637.55	.026	2549.84	16.59	
ANCILLARIES	1,780	0	8,022,745.35	.00	.000	4507.16	29.44	
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	27,955	105,887	3,096,209.07	29.24	.389	110.76	11.36	
MEDICAL	10,295	14,048	498,098.21	35.46	.052	48.38	1.83	
SURGERY	2,737	3,277	145,327.42	44.35	.012	53.10	.53	
PATHOLOGY	8,408	29,908	366,076.90	12.24	.110	43.54	1.34	
RADIOLOGY	6,624	8,871	596,187.09	67.21	.033	90.00	2.19	
ROOM USE	19,186	25,313	949,109.72	37.49	.093	49.47	3.48	
CROSSOVERS/ALL OTH OUTPTNT	9,111	24,470	541,409.73	22.13	.090	59.42	1.99	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	38	\$ 5,101.00	\$ 134.24	.000	\$ 1020.20	\$.02	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	3	360.81	120.27	.000	360.81	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	1	5		2,765.75	553.15	.000	2765.75	.01
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	30		1,974.44	65.81	.000	658.15	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	131	5,225	\$	210,859.23	40.36	.019	\$ 1609.61	\$.77
HOSPITAL BASED	1	13		2,801.34	215.49	.000	2801.34	.01
HEMODIALYSIS CENTER	130	5,212		208,057.89	39.92	.019	1600.45	.76
@REHABILITATION FACILITY	108	1,408	\$	21,865.98	15.53	.005	\$ 202.46	\$.08
HOSPITAL BASED	17	93		2,871.47	30.88	.000	168.91	.01
INDEPENDENT FACILITY	91	1,315		18,994.51	14.44	.005	208.73	.07
@LABORATORY FACILITY	8,219	23,774	\$	355,446.19	14.95	.087	\$ 43.25	\$ 1.30
PATHOLOGY	8,211	23,754		355,209.53	14.95	.087	43.26	1.30
XO AND OTHERS	9	20		236.66	11.83	.000	26.30	.00
@ORGANIZED OUTPATIENT CLINIC	28,112	49,430	\$	5,329,346.95	107.82	.181	\$ 189.58	\$ 19.56
CLINIC	2,448	8,289		254,585.21	30.71	.030	104.00	.93
SURGICENTER	46	231		9,160.50	39.66	.001	199.14	.03
HEROIN DETOX CLINIC	33	391		4,793.67	12.26	.001	145.26	.02
RURAL HEALTH CLINIC	25,711	40,519		5,060,807.57	124.90	.149	196.83	18.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES							

PAGE 15,592
03/14/05

						----- MONTHLY AVERAGE -----		
272,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	7,851	54,186	\$ 800,014.24	\$ 14.76	.199	\$ 101.90	\$ 2.94	
DURABLE MED. EQUIP.	295	815	82,004.98	100.62	.003	277.98	.30	
BLOOD BANK	4	7	1,032.75	147.54	.000	258.19	.00	
HEARING AID DISPENSERS	13	33	11,030.99	334.27	.000	848.54	.04	
MEDICAL TRANSPORTATION	1,052	13,941	233,233.76	16.73	.051	221.71	.86	
AMBULANCES/AIR TRANS	1,029	9,331	164,975.52	17.68	.034	160.33	.61	
OTHER TRANS	17	4,564	8,972.57	1.97	.017	527.80	.03	
OTHER SERVICES	38	46	59,285.67	1288.82	.000	1560.15	.22	
ACUPUNCTURE	65	177	3,034.46	17.14	.001	46.68	.01	
ADULT DAY HEALTH CARE CTR	1	9	636.66	70.74	.000	636.66	.00	
GENETIC DISEASE TESTING	316	316	33,012.00	104.47	.001	104.47	.12	
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	399.45	199.73	.000	399.45	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,863	4,086	36,672.76	8.98	.015	19.68	.13	
PHYSICAL THERAPIST	29	147	2,332.47	15.87	.001	80.43	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	100	360	60,381.69	167.73	.001	603.82	.22	
PROSTHETICS	100	360	60,381.69	167.73	.001	603.82	.22	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	22	90	4,511.63	50.13	.000	205.07	.02	
SPEECH AND AUDIOLOGY	204	460	25,343.13	55.09	.002	124.23	.09	
HOSPICE SERVICES	4	44	5,765.72	131.04	.000	1441.43	.02	
NONINST BIRTHING CENTERS	33	33	32,099.01	972.70	.000	972.70	.12	
LOCAL EDUCATION AGENCIES	3,646	24,604	255,181.32	10.37	.090	69.99	.94	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	312	9,062	13,341.46	1.47	.033	42.76	.05	
@CALIF. CHILDREN SERVICES*	1,215	22,651	\$ 3,669,098.30	\$ 161.98	.083	\$ 3019.83	\$ 13.47	

@XOVER EXCLUDING STATE HOSP** 318 1,864 \$ 71,894.29 \$ 38.57 .007 \$ 226.08 \$.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,593

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

24,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,118	57,405	\$ 4,357,883.62	\$ 75.91	2.375	\$ 308.68	\$ 180.33
@PHYSICIANS SERVICES	3,331	8,717	\$ 500,361.39	\$ 57.40	.361	\$ 150.21	\$ 20.71
OUTPATIENT VISITS	2,139	2,925	111,771.33	38.21	.121	52.25	4.63
OFFICE VISITS	1,096	1,410	42,318.48	30.01	.058	38.61	1.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	876	1,040	51,128.22	49.16	.043	58.37	2.12
PREVENTIVE CARE	20	20	748.21	37.41	.001	37.41	.03
OB VISITS/COMPRE PERI	111	296	13,268.60	44.83	.012	119.54	.55
OTHER OUTPATIENT	137	159	4,307.82	27.09	.007	31.44	.18
INPATIENT VISITS	263	803	51,414.04	64.03	.033	195.49	2.13
HOSPITAL VISITS	225	552	26,425.52	47.87	.023	117.45	1.09
CRITICAL CARE	28	174	21,800.98	125.29	.007	778.61	.90
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.003	127.50	.13
OPHTHALMOLOGICAL SERVICES	35	38	1,748.86	46.02	.002	49.97	.07
EXAMINATIONS	35	38	1,748.86	46.02	.002	49.97	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	252	1,948	123,350.34	63.32	.081	489.49	5.10
PRINCIPAL SURGEON	144	171	95,474.06	558.33	.007	663.01	3.95
ASSISTANT SURGEON	7	7	1,478.85	211.26	.000	211.26	.06
ANESTHESIOLOGIST	139	1,770	26,397.43	14.91	.073	189.91	1.09
OUTPATIENT SURGERY	235	607	35,947.41	59.22	.025	152.97	1.49
PRINCIPAL SURGEON	190	241	26,410.25	109.59	.010	139.00	1.09
ASSISTANT SURGEON	2	2	139.99	70.00	.000	70.00	.01
ANESTHESIOLOGIST	60	364	9,397.17	25.82	.015	156.62	.39
DIALYSIS	1	1	225.04	225.04	.000	225.04	.01
PATHOLOGY	243	433	8,555.58	19.76	.018	35.21	.35
RADIOLOGY	873	1,280	37,657.22	29.42	.053	43.14	1.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	72	19,852.87	275.73	.003	536.56	.82
OTHER SERVICES/ALL X-OVERS	247	610	109,838.70	180.06	.025	444.69	4.55
@PHARMACY	4,080	12,978	\$ 419,375.81	\$ 32.31	.537	\$ 102.79	\$ 17.35
PRESCRIPTION DRUGS	4,044	8,003	407,678.25	50.94	.331	100.81	16.87
SNF/ICF	78	476	36,513.76	76.71	.020	468.13	1.51
OUTPATIENTS	3,967	7,527	371,164.49	49.31	.311	93.56	15.36
MEDICAL SUPPLIES	122	4,975	11,697.56	2.35	.206	95.88	.48
@DENTIST	768	4,587	\$ 138,244.38	\$ 30.14	.190	\$ 180.01	\$ 5.72
VISITS - DIAGNOSTIC	587	2,880	43,293.03	15.03	.119	73.75	1.79
ORAL SURGERY	114	291	21,327.60	73.29	.012	187.08	.88
DRUGS	8	8	150.00	18.75	.000	18.75	.01
ANESTHESIA	7	7	584.00	83.43	.000	83.43	.02
PERIODONTICS	5	5	373.50	74.70	.000	74.70	.02
ENDODONTICS	65	160	14,588.00	91.18	.007	224.43	.60
RESTORATIVE DENTISTRY	292	1,128	53,987.75	47.86	.047	184.89	2.23
PROSTHETICS	2	3	60.00	20.00	.000	30.00	.00
DENTURES, STAYPLATES	3	10	943.00	94.30	.000	314.33	.04
SPACE MAINTAINERS	2	2	120.00	60.00	.000	60.00	.00

MAXILLOFACIAL SERVICES	2	4	150.00	37.50	.000	75.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	44	2,517.50	57.22	.002	86.81	.10
ALL OTHER SERVICES	31	45	150.00	3.33	.002	4.84	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,594
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

24,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	190	569	\$ 12,917.12	\$ 22.70	.024 \$ 67.98 \$.53
DIAGNOSTIC AND ANC. PROCED	148	166	6,723.85	40.51	.007 45.43 .28
EYE APPLIANCES	137	392	5,614.52	14.32	.016 40.98 .23
OTHER OPTOMETRIC SERVICES	10	11	578.75	52.61	.000 57.88 .02
@CHIROPRACTOR	5	16	\$ 267.52	\$ 16.72	.001 \$ 53.50 \$.01
VISITS	5	16	267.52	16.72	.001 53.50 .01
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	3	3	\$ 138.40	\$ 46.13	.000 \$ 46.13 \$.01
MEDICINE/INJECTIONS	3	3	138.40	46.13	.000 46.13 .01
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	57	96	\$ 5,436.07	\$ 56.63	.004 \$ 95.37 \$.22
NURSE ANESTHESIST	1	8	\$ 150.05	\$ 18.76	.000 \$ 150.05 \$.01
NURSE MIDWIFE	227	2,284	\$ 50,582.26	\$ 22.15	.095 \$ 222.83 \$ 2.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 90.51	\$ 30.17	.000 \$ 45.26 \$.00
@TOTAL HOSPITAL	3,123	12,557	\$ 1,919,858.56	\$ 152.89	.520 \$ 614.75 \$ 79.44
HOSP INPATIENT TOTAL	254	1,020	1,595,527.03	1564.24	.042 6281.60 66.02
HSC HOSPITALS	31	160	255,001.02	1593.76	.007 8225.84 10.55
NON-HSC HOSPITAL TOTAL	224	860	1,340,526.01	1558.75	.036 5984.49 55.47
ACCOMMODATIONS	224	860	494,008.18	574.43	.036 2205.39 20.44

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	224	860	494,008.18	574.43	.036	2205.39	20.44
ANCILLARIES	224	0	846,517.83	.00	.000	3779.10	35.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,978	11,537	324,331.53	28.11	.477	108.91	13.42
MEDICAL	1,019	1,373	48,507.38	35.33	.057	47.60	2.01
SURGERY	274	340	13,311.71	39.15	.014	48.58	.55
PATHOLOGY	914	3,425	40,220.40	11.74	.142	44.00	1.66
RADIOLOGY	711	890	57,982.66	65.15	.037	81.55	2.40
ROOM USE	1,933	2,676	99,154.89	37.05	.111	51.30	4.10
CROSSOVERS/ALL OTH OUTPTNT	954	2,833	65,154.49	23.00	.117	68.30	2.70
@COUNTY HOSPITAL TOTAL	28	220	\$ 16,728.75	\$ 76.04	.009	\$ 597.46	\$.69
CO HOSPITAL INPATIENT TOTAL	2	10	11,120.00	1112.00	.000	5560.00	.46
HSC HOSPITALS	2	10	11,120.00	1112.00	.000	5560.00	.46
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	210	5,608.75	26.71	.009	207.73	.23
MEDICAL	12	17	956.71	56.28	.001	79.73	.04
SURGERY	8	11	398.33	36.21	.000	49.79	.02
PATHOLOGY	13	99	1,379.94	13.94	.004	106.15	.06
RADIOLOGY	7	10	456.79	45.68	.000	65.26	.02
ROOM USE	22	38	1,891.20	49.77	.002	85.96	.08
CROSSOVERS/ALL OTH OUTPTNT	16	35	525.78	15.02	.001	32.86	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,595
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	24,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,098	12,337	\$	1,903,129.81	\$ 154.26	.511	\$ 614.31	\$ 78.75
COMM HOSP INPATIENT TOTAL	252	1,010		1,584,407.03	1568.72	.042	6287.33	65.56
HSC HOSPITALS	29	150		243,881.02	1625.87	.006	8409.69	10.09
NON-HSC HOSPITALS TOTAL	224	860		1,340,526.01	1558.75	.036	5984.49	55.47
ACCOMMODATIONS	224	860		494,008.18	574.43	.036	2205.39	20.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	224	860		494,008.18	574.43	.036	2205.39	20.44
ANCILLARIES	224	0		846,517.83	.00	.000	3779.10	35.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,952	11,327		318,722.78	28.14	.469	107.97	13.19
MEDICAL	1,007	1,356		47,550.67	35.07	.056	47.22	1.97
SURGERY	266	329		12,913.38	39.25	.014	48.55	.53
PATHOLOGY	902	3,326		38,840.46	11.68	.138	43.06	1.61
RADIOLOGY	705	880		57,525.87	65.37	.036	81.60	2.38
ROOM USE	1,912	2,638		97,263.69	36.87	.109	50.87	4.02
CROSSOVERS/ALL OTH OUTPTNT	938	2,798		64,628.71	23.10	.116	68.90	2.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	57	2,020	\$	384,962.82	\$ 190.58	.084	\$ 6753.73	\$ 15.93
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	7	320		44,010.92	137.53	.013	6287.27	1.82
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73	557.11	.012	15766.17	6.52
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,417		183,290.17	129.35	.059	4582.25	7.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	25	210	\$	3,480.88	\$ 16.58	.009	\$ 139.24	\$.14
HOSPITAL BASED	1	2		148.58	74.29	.000	148.58	.01
INDEPENDENT FACILITY	24	208		3,332.30	16.02	.009	138.85	.14
@LABORATORY FACILITY	892	2,296	\$	33,201.80	\$ 14.46	.095	\$ 37.22	\$ 1.37
PATHOLOGY	892	2,295		33,190.40	14.46	.095	37.21	1.37
XO AND OTHERS	1	1		11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	5,842	8,579	\$	825,510.63	\$ 96.22	.355	\$ 141.31	\$ 34.16
CLINIC	480	1,472		46,748.85	31.76	.061	97.39	1.93
SURGICENTER	2	12		303.34	25.28	.000	151.67	.01
HEROIN DETOX CLINIC	2	31		379.77	12.25	.001	189.89	.02
RURAL HEALTH CLINIC	5,362	7,064		778,078.67	110.15	.292	145.11	32.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

PAGE 15,596
03/14/05

				----- MONTHLY AVERAGE -----			
24,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	475	2,482	\$ 63,305.42	\$ 25.51	.103	\$ 133.27	\$ 2.62
DURABLE MED. EQUIP.	32	74	6,690.52	90.41	.003	209.08	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	13	156.86	12.07	.001	52.29	.01
MEDICAL TRANSPORTATION	107	1,564	19,489.25	12.46	.065	182.14	.81
AMBULANCES/AIR TRANS	100	1,235	14,513.01	11.75	.051	145.13	.60
OTHER TRANS	7	327	1,826.24	5.58	.014	260.89	.08
OTHER SERVICES	2	2	3,150.00	1575.00	.000	1575.00	.13
ACUPUNCTURE	1	3	59.47	19.82	.000	59.47	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.002	105.00	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	139	300	2,515.79	8.39	.012	18.10	.10
PHYSICAL THERAPIST	1	2	43.84	21.92	.000	43.84	.00
PORTABLE X-RAY	4	8	258.44	32.31	.000	64.61	.01
PROSTHETIST/ORTHOTISTS	5	14	2,411.57	172.26	.001	482.31	.10
PROSTHETICS	5	14	2,411.57	172.26	.001	482.31	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	77	4,230.44	54.94	.003	117.51	.18
HOSPICE SERVICES	3	54	7,147.98	132.37	.002	2382.66	.30
NONINST BIRTHING CENTERS	12	12	11,760.12	980.01	.000	980.01	.49

LOCAL EDUCATION AGENCIES	67	292	3,416.62	11.70	.012	50.99	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	22	189.52	8.61	.001	9.02	.01
@CALIF. CHILDREN SERVICES*	290	4,847	\$ 643,451.04	\$ 132.75	.201	\$ 2218.80	\$ 26.63
@XOVER EXCLUDING STATE HOSP**	1	12	\$ 11.96	\$ 1.00	.000	\$ 11.96	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,597
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,598
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,599
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,600
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

PAGE 15,601
 03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,602
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,603
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,604
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

PAGE 15,605

03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	14	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	14	\$	.00	\$	.00	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	1	14		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
SONOMA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS								

PAGE 15,606
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,607
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,608
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,609
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	5,913 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		2,710	23,791	\$ 2,653,248.77	\$ 111.52	4.024	\$ 979.06	\$ 448.71
@PHYSICIANS SERVICES		1,084	3,896	\$ 251,137.45	\$ 64.46	.659	\$ 231.68	\$ 42.47
OUTPATIENT VISITS		309	499	25,832.50	51.77	.084	83.60	4.37
OFFICE VISITS		21	29	942.38	32.50	.005	44.88	.16
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		223	281	15,624.35	55.60	.048	70.06	2.64
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		66	181	8,973.70	49.58	.031	135.97	1.52
OTHER OUTPATIENT		6	8	292.07	36.51	.001	48.68	.05
INPATIENT VISITS		223	558	38,390.17	68.80	.094	172.15	6.49
HOSPITAL VISITS		214	476	24,063.91	50.55	.081	112.45	4.07
CRITICAL CARE		23	82	14,326.26	174.71	.014	622.88	2.42
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		5	9	447.46	49.72	.002	89.49	.08
EXAMINATIONS		5	9	447.46	49.72	.002	89.49	.08
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		284	1,646	136,552.67	82.96	.278	480.82	23.09
PRINCIPAL SURGEON		181	223	106,113.41	475.84	.038	586.26	17.95
ASSISTANT SURGEON		17	17	3,008.22	176.95	.003	176.95	.51
ANESTHESIOLOGIST		127	1,406	27,431.04	19.51	.238	215.99	4.64
OUTPATIENT SURGERY		49	137	10,935.68	79.82	.023	223.18	1.85
PRINCIPAL SURGEON		33	52	8,465.13	162.79	.009	256.52	1.43

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	85	2,470.55	29.07	.014	154.41	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	83	106	2,941.64	27.75	.018	35.44	.50
RADIOLOGY	458	740	24,823.62	33.55	.125	54.20	4.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	115.52	57.76	.000	57.76	.02
OTHER SERVICES/ALL X-OVERS	117	199	11,098.19	55.77	.034	94.86	1.88
@PHARMACY	681	6,628	\$ 74,821.05	\$ 11.29	1.121	\$ 109.87	\$ 12.65
PRESCRIPTION DRUGS	649	1,367	63,033.43	46.11	.231	97.12	10.66
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	649	1,367	63,033.43	46.11	.231	97.12	10.66
MEDICAL SUPPLIES	71	5,261	11,787.62	2.24	.890	166.02	1.99
@DENTIST	52	51	\$ 618.00	\$ 12.12	.009	\$ 11.88	\$.10
VISITS - DIAGNOSTIC	47	62	563.00	9.08	.010	11.98	.10
ORAL SURGERY	1	3CR	.00	.00	.001CR	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.01
ENDODONTICS	0	5CR	.00	.00	.001CR	.00	.00
RESTORATIVE DENTISTRY	0	14CR	.00	.00	.002CR	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	10	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,610
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

5,913 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	70	104	\$ 5,677.11	\$ 54.59	.018	\$ 81.10	\$.96
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	132	1,022	\$ 36,079.38	\$ 35.30	.173	\$ 273.33	\$ 6.10
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,231	7,161	\$ 1,976,001.03	\$ 275.94	1.211	\$ 1605.20	\$ 334.18
HOSP INPATIENT TOTAL	267	1,082	1,810,653.91	1673.43	.183	6781.48	306.22
HSC HOSPITALS	18	169	265,672.07	1572.02	.029	14759.56	44.93
NON-HSC HOSPITAL TOTAL	250	913	1,544,981.84	1692.20	.154	6179.93	261.29
ACCOMMODATIONS	250	913	488,994.14	535.59	.154	1955.98	82.70

ADMINISTRATIVE DAYS	1	2	346.95	173.48	.000	346.95	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	911	488,647.19	536.39	.154	1962.44	82.64
ANCILLARIES	250	0	1,055,987.70	.00	.000	4223.95	178.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,071	6,079	165,347.12	27.20	1.028	154.39	27.96
MEDICAL	156	205	8,517.49	41.55	.035	54.60	1.44
SURGERY	152	218	7,161.61	32.85	.037	47.12	1.21
PATHOLOGY	515	2,057	27,272.81	13.26	.348	52.96	4.61
RADIOLOGY	369	467	36,323.34	77.78	.079	98.44	6.14
ROOM USE	551	914	31,764.77	34.75	.155	57.65	5.37
CROSSOVERS/ALL OTH OUTPTNT	484	2,218	54,307.10	24.48	.375	112.20	9.18
@COUNTY HOSPITAL TOTAL	6	35	\$ 5,035.26	\$ 143.86	.006	\$ 839.21	\$.85
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.03	1352.01	.001	4056.03	.69
HSC HOSPITALS	1	3	4,056.03	1352.01	.001	4056.03	.69
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	32	979.23	30.60	.005	163.21	.17
MEDICAL	2	2	111.84	55.92	.000	55.92	.02
SURGERY	2	2	214.99	107.50	.000	107.50	.04
PATHOLOGY	2	18	132.41	7.36	.003	66.21	.02
RADIOLOGY	3	3	318.33	106.11	.001	106.11	.05
ROOM USE	3	3	118.57	39.52	.001	39.52	.02
CROSSOVERS/ALL OTH OUTPTNT	3	4	83.09	20.77	.001	27.70	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,611
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	5,913 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,225	7,126	\$	1,970,965.77	\$ 276.59	1.205	\$ 1608.95	\$ 333.33
COMM HOSP INPATIENT TOTAL	266	1,079		1,806,597.88	1674.33	.182	6791.72	305.53
HSC HOSPITALS	17	166		261,616.04	1576.00	.028	15389.18	44.24
NON-HSC HOSPITALS TOTAL	250	913		1,544,981.84	1692.20	.154	6179.93	261.29
ACCOMMODATIONS	250	913		488,994.14	535.59	.154	1955.98	82.70
ADMINISTRATIVE DAYS	1	2		346.95	173.48	.000	346.95	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	911		488,647.19	536.39	.154	1962.44	82.64
ANCILLARIES	250	0		1,055,987.70	.00	.000	4223.95	178.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,065	6,047		164,367.89	27.18	1.023	154.34	27.80
MEDICAL	154	203		8,405.65	41.41	.034	54.58	1.42
SURGERY	150	216		6,946.62	32.16	.037	46.31	1.17
PATHOLOGY	513	2,039		27,140.40	13.31	.345	52.91	4.59
RADIOLOGY	366	464		36,005.01	77.60	.078	98.37	6.09
ROOM USE	548	911		31,646.20	34.74	.154	57.75	5.35
CROSSOVERS/ALL OTH OUTPTNT	481	2,214		54,224.01	24.49	.374	112.73	9.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	9	119	\$	1,866.46	\$	15.68	.020	\$	207.38
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	9	119		1,866.46		15.68	.020		207.38
@LABORATORY FACILITY	446	1,098	\$	16,677.44	\$	15.19	.186	\$	37.39
PATHOLOGY	446	1,098		16,677.44		15.19	.186		37.39
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	795	2,575	\$	215,879.65	\$	83.84	.435	\$	271.55
CLINIC	89	680		20,298.58		29.85	.115		228.07
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	708	1,895		195,581.07		103.21	.320		276.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,612
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,913 ELIGIBLES							
@ALL OTHER PROVIDERS	166	1,137	\$ 74,491.20	\$ 65.52	.192	\$ 448.74	\$ 12.60
DURABLE MED. EQUIP.	16	165	36,786.69	222.95	.028	2299.17	6.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	46	436	12,383.13	28.40	.074	269.20	2.09
AMBULANCES/AIR TRANS	45	433	7,746.69	17.89	.073	172.15	1.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	4,636.44	1545.48	.001	1545.48	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	90	90	9,450.00	105.00	.015	105.00	1.60
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	39	10,084.94	258.59	.007	1260.62	1.71
PROSTHETICS	8	39	10,084.94	258.59	.007	1260.62	1.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	60.00	30.00	.000	30.00	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	5	5	5,533.40	1106.68	.001	1106.68	.94

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	400	193.04	.48	.068	193.04	.03
@CALIF. CHILDREN SERVICES*	106	7,022	\$ 316,163.12	\$ 45.02	1.188	\$ 2982.67	\$ 53.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,613
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	9	33	\$ 1,359.86	\$ 41.21	3.667	\$ 151.10	\$ 151.10
@PHYSICIANS SERVICES	1	3	\$ 34.67	\$ 11.56	.333	\$ 34.67	\$ 3.85
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	3	34.67	11.56	.333	34.67	3.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	12	\$ 616.12	\$ 51.34	1.333	\$ 123.22	\$ 68.46
PRESCRIPTION DRUGS	5	12	616.12	51.34	1.333	123.22	68.46
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	12	616.12	51.34	1.333	123.22	68.46
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2	\$ 70.00	\$ 35.00	.222	\$ 70.00	\$ 7.78
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.222	70.00	7.78
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,614
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	82.29	\$ 20.57	.444	\$ 82.29	\$ 9.14
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.111	39.44	4.38
EYE APPLIANCES	1	3	42.85	14.28	.333	42.85	4.76
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	3	\$	105.00	\$	35.00	.333	\$	105.00	\$	11.67
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	3		105.00		35.00	.333		105.00		11.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	3		105.00		35.00	.333		105.00		11.67
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,615
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 105.00	\$ 35.00	.333	\$ 105.00	\$ 11.67
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	105.00	35.00	.333	105.00	11.67
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	3		105.00	35.00	.333	105.00	11.67
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	34.16	\$ 11.39	.333	\$ 34.16	\$ 3.80
PATHOLOGY	1	3		34.16	11.39	.333	34.16	3.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	400.98	\$ 100.25	.444	\$ 100.25	\$ 44.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4		400.98	100.25	.444	100.25	44.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,616
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.222	\$ 16.64	\$ 1.85
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.222	16.64	1.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,617
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	498	5,400	\$ 546,537.31	\$ 101.21	14.634	\$ 1097.46	\$ 1481.13
@PHYSICIANS SERVICES	300	3,169	\$ 239,810.18	\$ 75.67	8.588	\$ 799.37	\$ 649.89
OUTPATIENT VISITS	159	258	9,018.87	34.96	.699	56.72	24.44
OFFICE VISITS	147	237	7,708.48	32.53	.642	52.44	20.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	1,177.03	73.56	.043	84.07	3.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	133.36	26.67	.014	26.67	.36
INPATIENT VISITS	14	46	3,001.99	65.26	.125	214.43	8.14
HOSPITAL VISITS	14	31	1,554.19	50.14	.084	111.01	4.21
CRITICAL CARE	1	15	1,447.80	96.52	.041	1447.80	3.92
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	11	442.26	40.21	.030	40.21	1.20
EXAMINATIONS	11	11	442.26	40.21	.030	40.21	1.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	156	11,662.65	74.76	.423	555.36	31.61
PRINCIPAL SURGEON	12	19	8,814.81	463.94	.051	734.57	23.89
ASSISTANT SURGEON	3	3	347.45	115.82	.008	115.82	.94
ANESTHESIOLOGIST	7	134	2,500.39	18.66	.363	357.20	6.78
OUTPATIENT SURGERY	48	382	10,061.36	26.34	1.035	209.61	27.27
PRINCIPAL SURGEON	31	37	7,529.60	203.50	.100	242.89	20.41
ASSISTANT SURGEON	1	1	50.54	50.54	.003	50.54	.14
ANESTHESIOLOGIST	18	344	2,481.22	7.21	.932	137.85	6.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	96	282	7,747.61	27.47	.764	80.70	21.00
RADIOLOGY	120	470	36,532.08	77.73	1.274	304.43	99.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	50	1,355	154,380.86	113.93	3.672	3087.62	418.38
OTHER SERVICES/ALL X-OVERS	65	209	6,962.50	33.31	.566	107.12	18.87
@PHARMACY	275	1,084	\$ 80,060.94	\$ 73.86	2.938	\$ 291.13	\$ 216.97
PRESCRIPTION DRUGS	274	975	79,586.53	81.63	2.642	290.46	215.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	274	975	79,586.53	81.63	2.642	290.46	215.68

MEDICAL SUPPLIES	9	109		474.41	4.35	.295	52.71	1.29
@DENTIST	8	31	\$	1,895.00	61.13	.084	236.88	5.14
VISITS - DIAGNOSTIC	4	13		75.00	5.77	.035	18.75	.20
ORAL SURGERY	1	1		45.00	45.00	.003	45.00	.12
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.003	118.00	.32
ENDODONTICS	1	1		260.00	260.00	.003	260.00	.70
RESTORATIVE DENTISTRY	2	13		497.00	38.23	.035	248.50	1.35
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.005	900.00	2.44
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,618
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	28	\$ 638.62	\$ 22.81	.076	\$ 79.83	\$ 1.73
DIAGNOSTIC AND ANC. PROCED	4	5	181.79	36.36	.014	45.45	.49
EYE APPLIANCES	7	21	330.73	15.75	.057	47.25	.90
OTHER OPTOMETRIC SERVICES	2	2	126.10	63.05	.005	63.05	.34
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 74.50	\$ 37.25	.005	\$ 74.50	\$.20
MEDICINE/INJECTIONS	1	1	57.20	57.20	.003	57.20	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.003	17.30	.05
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	6	\$ 150.05	\$ 25.01	.016	\$ 150.05	\$.41
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	145	685	\$ 197,469.08	\$ 288.28	1.856	\$ 1361.86	\$ 535.15
HOSP INPATIENT TOTAL	13	44	161,087.16	3661.07	.119	12391.32	436.55
HSC HOSPITALS	3	9	12,363.00	1373.67	.024	4121.00	33.50
NON-HSC HOSPITAL TOTAL	10	35	148,724.16	4249.26	.095	14872.42	403.05
ACCOMMODATIONS	10	35	29,204.97	834.43	.095	2920.50	79.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	35	29,204.97	834.43	.095	2920.50	79.15
ANCILLARIES	10	0	119,519.19	.00	.000	11951.92	323.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	137	641	36,381.92	56.76	1.737	265.56	98.60
MEDICAL	24	36	1,831.26	50.87	.098	76.30	4.96
SURGERY	28	31	1,820.07	58.71	.084	65.00	4.93
PATHOLOGY	68	203	2,842.37	14.00	.550	41.80	7.70
RADIOLOGY	62	148	22,260.75	150.41	.401	359.04	60.33
ROOM USE	60	95	5,439.88	57.26	.257	90.66	14.74

CROSSOVERS/ALL OTH OUTPTNT	48	128		2,187.59	17.09	.347	45.57	5.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,619
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145		685	\$ 197,469.08	\$ 288.28	1.856	\$ 1361.86	\$ 535.15
COMM HOSP INPATIENT TOTAL	13		44	161,087.16	3661.07	.119	12391.32	436.55
HSC HOSPITALS	3		9	12,363.00	1373.67	.024	4121.00	33.50
NON-HSC HOSPITALS TOTAL	10		35	148,724.16	4249.26	.095	14872.42	403.05
ACCOMMODATIONS	10		35	29,204.97	834.43	.095	2920.50	79.15
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	10	35		29,204.97	834.43	.095	2920.50	79.15
ANCILLARIES	10	0		119,519.19	.00	.000	11951.92	323.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	137	641		36,381.92	56.76	1.737	265.56	98.60
MEDICAL	24	36		1,831.26	50.87	.098	76.30	4.96
SURGERY	28	31		1,820.07	58.71	.084	65.00	4.93
PATHOLOGY	68	203		2,842.37	14.00	.550	41.80	7.70
RADIOLOGY	62	148		22,260.75	150.41	.401	359.04	60.33
ROOM USE	60	95		5,439.88	57.26	.257	90.66	14.74
CROSSOVERS/ALL OTH OUTPTNT	48	128		2,187.59	17.09	.347	45.57	5.93
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	47	149	\$	2,168.87	\$ 14.56	.404	\$ 46.15	\$ 5.88
PATHOLOGY	47	149		2,168.87	14.56	.404	46.15	5.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	69	117	\$	16,134.61	\$ 137.90	.317	\$ 233.83	\$ 43.73
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	7		571.91	81.70	.019	285.96	1.55
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	68	110		15,562.70	141.48	.298	228.86	42.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,620
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17		129 \$	8,135.46	\$ 63.07	.350	\$ 478.56	\$ 22.05
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7		65	1,092.95	16.81	.176	156.14	2.96
AMBULANCES/AIR TRANS	7		65	1,092.95	16.81	.176	156.14	2.96
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.003	105.00	.28

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	159.48	9.97	.043	19.94	.43
PHYSICAL THERAPIST	1	2	51.88	25.94	.005	51.88	.14
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	45	6,726.15	149.47	.122	6726.15	18.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	7	16	681.05	42.57	.043	97.29	1.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,621
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	156	780	\$ 124,146.50	\$ 159.16	4.309	\$ 795.81	\$ 685.89
@PHYSICIANS SERVICES	64	210	\$ 11,727.72	\$ 55.85	1.160	\$ 183.25	\$ 64.79
OUTPATIENT VISITS	38	59	1,664.92	28.22	.326	43.81	9.20
OFFICE VISITS	24	30	906.50	30.22	.166	37.77	5.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	382.74	54.68	.039	76.55	2.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	22	375.68	17.08	.122	31.31	2.08
INPATIENT VISITS	7	17	633.94	37.29	.094	90.56	3.50
HOSPITAL VISITS	7	17	633.94	37.29	.094	90.56	3.50
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	18	1,501.60	83.42	.099	300.32	8.30
PRINCIPAL SURGEON	3	5	1,190.15	238.03	.028	396.72	6.58
ASSISTANT SURGEON	1	1	67.39	67.39	.006	67.39	.37
ANESTHESIOLOGIST	2	12	244.06	20.34	.066	122.03	1.35
OUTPATIENT SURGERY	9	18	950.05	52.78	.099	105.56	5.25
PRINCIPAL SURGEON	8	13	842.03	64.77	.072	105.25	4.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	108.02	21.60	.028	54.01	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	14	574.50	41.04	.077	71.81	3.17
RADIOLOGY	22	80	6,151.68	76.90	.442	279.62	33.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		251.03		62.76	.022	83.68	1.39
@PHARMACY	109	314	\$	46,298.94	\$	147.45	1.735	\$ 424.76	\$ 255.80
PRESCRIPTION DRUGS	109	310		46,085.41		148.66	1.713	422.80	254.62
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	109	310		46,085.41		148.66	1.713	422.80	254.62
MEDICAL SUPPLIES	4	4		213.53		53.38	.022	53.38	1.18
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,622
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$ 70.51	\$ 17.63	.022	\$ 70.51	\$.39
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	26	189	\$ 63,958.94	\$ 338.41	1.044	\$ 2459.96	\$ 353.36
HOSP INPATIENT TOTAL	4	30	55,589.37	1852.98	.166	13897.34	307.12
HSC HOSPITALS	2	13	22,217.00	1709.00	.072	11108.50	122.75
NON-HSC HOSPITAL TOTAL	2	17	33,372.37	1963.08	.094	16686.19	184.38
ACCOMMODATIONS	2	17	8,753.64	514.92	.094	4376.82	48.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	17	8,753.64	514.92	.094	4376.82	48.36
ANCILLARIES	2	0	24,618.73	.00	.000	12309.37	136.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	24	159		8,369.57		52.64	.878	348.73	46.24
MEDICAL	2	4		154.16		38.54	.022	77.08	.85
SURGERY	5	6		372.36		62.06	.033	74.47	2.06
PATHOLOGY	10	38		504.96		13.29	.210	50.50	2.79
RADIOLOGY	10	20		2,834.80		141.74	.110	283.48	15.66
ROOM USE	12	22		693.45		31.52	.122	57.79	3.83
CROSSOVERS/ALL OTH OUTPTNT	9	69		3,809.84		55.22	.381	423.32	21.05
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,623
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	189	\$	63,958.94	\$ 338.41	1.044	\$ 2459.96	\$ 353.36
COMM HOSP INPATIENT TOTAL	4	30		55,589.37	1852.98	.166	13897.34	307.12
HSC HOSPITALS	2	13		22,217.00	1709.00	.072	11108.50	122.75
NON-HSC HOSPITALS TOTAL	2	17		33,372.37	1963.08	.094	16686.19	184.38
ACCOMMODATIONS	2	17		8,753.64	514.92	.094	4376.82	48.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	17		8,753.64	514.92	.094	4376.82	48.36
ANCILLARIES	2	0		24,618.73	.00	.000	12309.37	136.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	24	159		8,369.57	52.64	.878	348.73	46.24
MEDICAL	2	4		154.16	38.54	.022	77.08	.85
SURGERY	5	6		372.36	62.06	.033	74.47	2.06
PATHOLOGY	10	38		504.96	13.29	.210	50.50	2.79
RADIOLOGY	10	20		2,834.80	141.74	.110	283.48	15.66
ROOM USE	12	22		693.45	31.52	.122	57.79	3.83
CROSSOVERS/ALL OTH OUTPTNT	9	69		3,809.84	55.22	.381	423.32	21.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	8	29	\$	323.71	\$	11.16	.160	\$ 40.46	\$ 1.79	
PATHOLOGY	8	29		323.71		11.16	.160	40.46	1.79	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	11	31	\$	1,622.53	\$	52.34	.171	\$ 147.50	\$ 8.96	
CLINIC	4	24		811.84		33.83	.133	202.96	4.49	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	7	7		810.69		115.81	.039	115.81	4.48	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 15,624
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY									AID CODES 0R 0T 0U 0V

						----- MONTHLY AVERAGE -----		
181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$	144.15	\$ 48.05	.017	\$ 144.15	\$.80
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3		144.15	48.05	.017	144.15	.80

AMBULANCES/AIR TRANS	1	3	144.15	48.05	.017	144.15	.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	29	\$ 2,365.19	\$ 81.56	.160	\$ 1182.60	\$ 13.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,625
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	654	6,180	\$ 670,683.81	\$ 108.52	11.236	\$ 1025.51	\$ 1219.43
@PHYSICIANS SERVICES	364	3,379	\$ 251,537.90	\$ 74.44	6.144	\$ 691.04	\$ 457.34
OUTPATIENT VISITS	197	317	10,683.79	33.70	.576	54.23	19.43
OFFICE VISITS	171	267	8,614.98	32.27	.485	50.38	15.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	23	1,559.77	67.82	.042	82.09	2.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	27	509.04	18.85	.049	29.94	.93
INPATIENT VISITS	21	63	3,635.93	57.71	.115	173.14	6.61
HOSPITAL VISITS	21	48	2,188.13	45.59	.087	104.20	3.98
CRITICAL CARE	1	15	1,447.80	96.52	.027	1447.80	2.63
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	11	442.26	40.21	.020	40.21	.80
EXAMINATIONS	11	11	442.26	40.21	.020	40.21	.80
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	174	13,164.25	75.66	.316	506.32	23.94
PRINCIPAL SURGEON	15	24	10,004.96	416.87	.044	667.00	18.19
ASSISTANT SURGEON	4	4	414.84	103.71	.007	103.71	.75
ANESTHESIOLOGIST	9	146	2,744.45	18.80	.265	304.94	4.99
OUTPATIENT SURGERY	57	400	11,011.41	27.53	.727	193.18	20.02
PRINCIPAL SURGEON	39	50	8,371.63	167.43	.091	214.66	15.22

ASSISTANT SURGEON	1	1	50.54	50.54	.002	50.54	.09
ANESTHESIOLOGIST	20	349	2,589.24	7.42	.635	129.46	4.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	104	296	8,322.11	28.12	.538	80.02	15.13
RADIOLOGY	142	550	42,683.76	77.61	1.000	300.59	77.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	50	1,355	154,380.86	113.93	2.464	3087.62	280.69
OTHER SERVICES/ALL X-OVERS	68	213	7,213.53	33.87	.387	106.08	13.12
@PHARMACY	384	1,398	\$ 126,359.88	\$ 90.39	2.542	\$ 329.06	\$ 229.75
PRESCRIPTION DRUGS	383	1,285	125,671.94	97.80	2.336	328.13	228.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	383	1,285	125,671.94	97.80	2.336	328.13	228.49
MEDICAL SUPPLIES	13	113	687.94	6.09	.205	52.92	1.25
@DENTIST	8	31	\$ 1,895.00	\$ 61.13	.056	\$ 236.88	\$ 3.45
VISITS - DIAGNOSTIC	4	13	75.00	5.77	.024	18.75	.14
ORAL SURGERY	1	1	45.00	45.00	.002	45.00	.08
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.21
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.47
RESTORATIVE DENTISTRY	2	13	497.00	38.23	.024	248.50	.90
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.004	900.00	1.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SONOMA COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

PAGE 15,626
03/14/05

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	28	\$ 638.62	\$ 22.81	.051	\$ 79.83	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	4	5	181.79	36.36	.009	45.45	.33
EYE APPLIANCES	7	21	330.73	15.75	.038	47.25	.60
OTHER OPTOMETRIC SERVICES	2	2	126.10	63.05	.004	63.05	.23
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	74.50	37.25	.004	74.50	.14
MEDICINE/INJECTIONS	1	1	57.20	57.20	.002	57.20	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.002	17.30	.03
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	2	10	\$ 220.56	\$ 22.06	.018	\$ 110.28	\$.40
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	171	874	\$ 261,428.02	\$ 299.12	1.589	\$ 1528.82	\$ 475.32
HOSP INPATIENT TOTAL	17	74	216,676.53	2928.06	.135	12745.68	393.96
HSC HOSPITALS	5	22	34,580.00	1571.82	.040	6916.00	62.87
NON-HSC HOSPITAL TOTAL	12	52	182,096.53	3501.86	.095	15174.71	331.08
ACCOMMODATIONS	12	52	37,958.61	729.97	.095	3163.22	69.02

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	52	37,958.61	729.97	.095	3163.22	69.02
ANCILLARIES	12	0	144,137.92	.00	.000	12011.49	262.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	161	800	44,751.49	55.94	1.455	277.96	81.37
MEDICAL	26	40	1,985.42	49.64	.073	76.36	3.61
SURGERY	33	37	2,192.43	59.25	.067	66.44	3.99
PATHOLOGY	78	241	3,347.33	13.89	.438	42.91	6.09
RADIOLOGY	72	168	25,095.55	149.38	.305	348.55	45.63
ROOM USE	72	117	6,133.33	52.42	.213	85.19	11.15
CROSSOVERS/ALL OTH OUTPTNT	57	197	5,997.43	30.44	.358	105.22	10.90
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,627
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	171	874	\$ 261,428.02	\$ 299.12	1.589	\$ 1528.82	\$ 475.32
COMM HOSP INPATIENT TOTAL	17	74	216,676.53	2928.06	.135	12745.68	393.96
HSC HOSPITALS	5	22	34,580.00	1571.82	.040	6916.00	62.87
NON-HSC HOSPITALS TOTAL	12	52	182,096.53	3501.86	.095	15174.71	331.08
ACCOMMODATIONS	12	52	37,958.61	729.97	.095	3163.22	69.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	52	37,958.61	729.97	.095	3163.22	69.02
ANCILLARIES	12	0	144,137.92	.00	.000	12011.49	262.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	161	800	44,751.49	55.94	1.455	277.96	81.37
MEDICAL	26	40	1,985.42	49.64	.073	76.36	3.61
SURGERY	33	37	2,192.43	59.25	.067	66.44	3.99
PATHOLOGY	78	241	3,347.33	13.89	.438	42.91	6.09
RADIOLOGY	72	168	25,095.55	149.38	.305	348.55	45.63
ROOM USE	72	117	6,133.33	52.42	.213	85.19	11.15
CROSSOVERS/ALL OTH OUTPTNT	57	197	5,997.43	30.44	.358	105.22	10.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	55	178	\$	2,492.58	\$	14.00	.324	\$ 45.32	\$ 4.53
PATHOLOGY	55	178		2,492.58		14.00	.324	45.32	4.53
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	80	148	\$	17,757.14	\$	119.98	.269	\$ 221.96	\$ 32.29
CLINIC	4	24		811.84		33.83	.044	202.96	1.48
SURGICENTER	2	7		571.91		81.70	.013	285.96	1.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	75	117		16,373.39		139.94	.213	218.31	29.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,628
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

550 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	132	\$ 8,279.61	\$ 62.72	.240	\$ 459.98	\$ 15.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	68	1,237.10	18.19	.124	154.64	2.25
AMBULANCES/AIR TRANS	8	68	1,237.10	18.19	.124	154.64	2.25
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	159.48	9.97	.029	19.94	.29
PHYSICAL THERAPIST	1	2	51.88	25.94	.004	51.88	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	45	6,726.15	149.47	.082	6726.15	12.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	45	\$ 3,046.24	\$ 67.69	.082	\$ 338.47	\$ 5.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,629
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80

249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39	1,049	\$ 6,727.06	\$ 6.41	4.213	\$ 172.49	\$ 27.02
@PHYSICIANS SERVICES	30	46	\$ 989.69	\$ 21.52	.185	\$ 32.99	\$ 3.97
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	30	46		989.69	21.52	.185	32.99	3.97
@PHARMACY	0	4	\$	312.90CR	\$ 78.23CR	.016	\$.00	\$ 1.26CR
PRESCRIPTION DRUGS	0	4		312.90CR	78.23CR	.016	.00	1.26CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	4		312.90CR	78.23CR	.016	.00	1.26CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	4CR	\$	.00	\$.00	.016CR	.00	\$.00
VISITS - DIAGNOSTIC	1	2CR		.00	.00	.008CR	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	2CR		.00	.00	.008CR	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,630
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 24.50	\$ 24.50	.004	\$ 24.50	\$.10	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	1	1	24.50	24.50	.004	24.50	.10	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	27	\$	700.96	\$	25.96	.108	\$	140.19	\$	2.82
HOSP INPATIENT TOTAL	1	0		215.00		.00	.000		215.00		.86
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		215.00		.00	.000		215.00		.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	27		485.96		18.00	.108		97.19		1.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	27		485.96		18.00	.108		97.19		1.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,631
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	27	\$ 700.96	\$ 25.96	.108	\$ 140.19	\$ 2.82
COMM HOSP INPATIENT TOTAL	1	0	215.00	.00	.000	215.00	.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	215.00	.00	.000	215.00	.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	27	485.96	18.00	.108	97.19	1.95
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	27	485.96	18.00	.108	97.19	1.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 659.39	\$.00	.000	\$ 329.70	\$ 2.65
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	0	659.39	.00	.000	329.70	2.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	9	\$ 4,390.02	\$ 487.78	.036	\$ 487.78	\$ 17.63
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	9	4,390.02	487.78	.036	487.78	17.63
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,632
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

249 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	5	966	\$ 275.40	\$.29	3.880 \$ 55.08 \$ 1.11
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	6.05	3.03	.008	6.05	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	964	269.35	.28	3.871	67.34	1.08
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	38	1,049	\$ 7,039.96	\$ 6.71	4.213	\$ 185.26	\$ 28.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,633

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

	19,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,411	21,028	\$	1,059,425.40	\$ 50.38	1.074	\$ 165.25	\$ 54.13
@PHYSICIANS SERVICES	1,653	3,059	\$	114,459.39	\$ 37.42	.156	\$ 69.24	\$ 5.85
OUTPATIENT VISITS	1,359	1,682		57,472.99	34.17	.086	42.29	2.94
OFFICE VISITS	780	961		26,234.29	27.30	.049	33.63	1.34
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	536	615		28,107.04	45.70	.031	52.44	1.44
PREVENTIVE CARE	23	23		881.22	38.31	.001	38.31	.05
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	74	83		2,250.44	27.11	.004	30.41	.11
INPATIENT VISITS	33	113		8,313.66	73.57	.006	251.93	.42
HOSPITAL VISITS	28	106		7,115.68	67.13	.005	254.13	.36
CRITICAL CARE	5	7		1,197.98	171.14	.000	239.60	.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13		602.18	46.32	.001	46.32	.03
EXAMINATIONS	13	13		602.18	46.32	.001	46.32	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	165		13,748.22	83.32	.008	491.01	.70
PRINCIPAL SURGEON	21	28		9,347.98	333.86	.001	445.14	.48
ASSISTANT SURGEON	2	2		112.44	56.22	.000	56.22	.01
ANESTHESIOLOGIST	14	135		4,287.80	31.76	.007	306.27	.22
OUTPATIENT SURGERY	132	447		21,879.06	48.95	.023	165.75	1.12
PRINCIPAL SURGEON	95	116		13,527.70	116.62	.006	142.40	.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	50	331		8,351.36	25.23	.017	167.03	.43
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	103	171		3,155.26	18.45	.009	30.63	.16
RADIOLOGY	216	296		4,441.33	15.00	.015	20.56	.23
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	9		191.10	21.23	.000	23.89	.01
OTHER SERVICES/ALL X-OVERS	77	163		4,655.59	28.56	.008	60.46	.24
@PHARMACY	2,008	4,091	\$	110,704.85	\$ 27.06	.209	\$ 55.13	\$ 5.66
PRESCRIPTION DRUGS	2,001	3,358		101,369.94	30.19	.172	50.66	5.18
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2,001	3,358		101,369.94	30.19	.172	50.66	5.18

MEDICAL SUPPLIES	49	733		9,334.91		12.74	.037	190.51	.48
@DENTIST	576	3,568	\$	99,492.90	\$	27.88	.182	\$ 172.73	\$ 5.08
VISITS - DIAGNOSTIC	465	2,142		29,036.45		13.56	.109	62.44	1.48
ORAL SURGERY	68	156		6,272.50		40.21	.008	92.24	.32
DRUGS	4	4		75.00		18.75	.000	18.75	.00
ANESTHESIA	3	5		200.00		40.00	.000	66.67	.01
PERIODONTICS	1	1		55.00		55.00	.000	55.00	.00
ENDODONTICS	93	266		16,255.45		61.11	.014	174.79	.83
RESTORATIVE DENTISTRY	226	976		47,158.50		48.32	.050	208.67	2.41
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	2	3		440.00		146.67	.000	220.00	.02
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	16	15		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,634
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM								AID CODES 72 74 8N 8P

						----- MONTHLY AVERAGE -----			
19,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	24	52	\$	1,236.19	\$ 23.77	.003	\$ 51.51	\$.06	
DIAGNOSTIC AND ANC. PROCED	14	15		648.28	43.22	.001	46.31	.03	
EYE APPLIANCES	15	35		495.01	14.14	.002	33.00	.03	
OTHER OPTOMETRIC SERVICES	2	2		92.90	46.45	.000	46.45	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	20	\$ 1,485.16	\$ 74.26	.001	\$ 212.17	\$.08
NURSE ANESTHESIST	0	0	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,446	4,251	\$ 349,561.99	\$ 82.23	.217	\$ 241.74	\$ 17.86
HOSP INPATIENT TOTAL	28	138	226,897.38	1644.18	.007	8103.48	11.59
HSC HOSPITALS	12	104	161,572.00	1553.58	.005	13464.33	8.25
NON-HSC HOSPITAL TOTAL	16	34	65,325.38	1921.33	.002	4082.84	3.34
ACCOMMODATIONS	16	34	25,572.65	752.14	.002	1598.29	1.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	34	25,572.65	752.14	.002	1598.29	1.31
ANCILLARIES	16	0	39,752.73	.00	.000	2484.55	2.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,428	4,113	122,664.61	29.82	.210	85.90	6.27
MEDICAL	571	725	25,568.98	35.27	.037	44.78	1.31
SURGERY	144	160	8,437.37	52.73	.008	58.59	.43
PATHOLOGY	266	1,030	11,231.94	10.90	.053	42.23	.57
RADIOLOGY	213	272	16,636.54	61.16	.014	78.11	.85
ROOM USE	1,061	1,306	51,233.07	39.23	.067	48.29	2.62
CROSSOVERS/ALL OTH OUTPTNT	417	620	9,556.71	15.41	.032	22.92	.49
@COUNTY HOSPITAL TOTAL	4	10	\$ 478.24	\$ 47.82	.001	\$ 119.56	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10	478.24	47.82	.001	119.56	.02
MEDICAL	2	2	57.66	28.83	.000	28.83	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	27.46	13.73	.000	27.46	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	127.33	42.44	.000	42.44	.01
CROSSOVERS/ALL OTH OUTPTNT	2	3	265.79	88.60	.000	132.90	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,635
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

19,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,443	4,241	\$ 349,083.75	\$ 82.31	.217	\$ 241.92	\$ 17.83
COMM HOSP INPATIENT TOTAL	28	138	226,897.38	1644.18	.007	8103.48	11.59
HSC HOSPITALS	12	104	161,572.00	1553.58	.005	13464.33	8.25
NON-HSC HOSPITALS TOTAL	16	34	65,325.38	1921.33	.002	4082.84	3.34
ACCOMMODATIONS	16	34	25,572.65	752.14	.002	1598.29	1.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	16	34	25,572.65	752.14	.002	1598.29	1.31
ANCILLARIES	16	0	39,752.73	.00	.000	2484.55	2.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,425	4,103	122,186.37	29.78	.210	85.74	6.24
MEDICAL	569	723	25,511.32	35.29	.037	44.84	1.30
SURGERY	144	160	8,437.37	52.73	.008	58.59	.43
PATHOLOGY	265	1,028	11,204.48	10.90	.053	42.28	.57
RADIOLOGY	213	272	16,636.54	61.16	.014	78.11	.85
ROOM USE	1,059	1,303	51,105.74	39.22	.067	48.26	2.61
CROSSOVERS/ALL OTH OUTPTNT	415	617	9,290.92	15.06	.032	22.39	.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	18	319	\$ 4,713.83	\$ 14.78	.016	\$ 261.88	\$.24
HOSPITAL BASED	1	1	51.65	51.65	.000	51.65	.00
INDEPENDENT FACILITY	17	318	4,662.18	14.66	.016	274.25	.24
@LABORATORY FACILITY	297	551	\$ 5,938.56	\$ 10.78	.028	\$ 20.00	\$.30
PATHOLOGY	297	551	5,938.56	10.78	.028	20.00	.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,428	3,188	\$ 333,407.71	\$ 104.58	.163	\$ 137.32	\$ 17.03
CLINIC	148	218	5,986.55	27.46	.011	40.45	.31
SURGICENTER	3	21	805.83	38.37	.001	268.61	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,277	2,949	326,615.33	110.75	.151	143.44	16.69

#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

PAGE 15,636
03/14/05

	19,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	224	1,929	\$	38,424.82	\$ 19.92	.099	\$ 171.54	\$ 1.96
DURABLE MED. EQUIP.	27	51		2,943.43	57.71	.003	109.02	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,780.20	1780.20	.000	1780.20	.09
MEDICAL TRANSPORTATION	26	891		19,062.45	21.39	.046	733.17	.97
AMBULANCES/AIR TRANS	25	887		13,387.11	15.09	.045	535.48	.68
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		5,675.34	1418.84	.000	1418.84	.29
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	39	405.91	10.41	.002	22.55	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	1,810.36	164.58	.001	452.59	.09
PROSTHETICS	4	11	1,810.36	164.58	.001	452.59	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	41	1,824.89	44.51	.002	82.95	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	125	892	10,573.55	11.85	.046	84.59	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	24.03	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	138	2,388	\$ 260,295.09	\$ 109.00	.122	\$ 1886.20	\$ 13.30
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,637
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

14,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	3,431	11,761	\$ 566,947.34	\$ 48.21	.829	\$ 165.24	\$ 39.98
@PHYSICIANS SERVICES	747	1,528	\$ 52,743.48	\$ 34.52	.108	\$ 70.61	\$ 3.72
OUTPATIENT VISITS	539	636	21,894.12	34.42	.045	40.62	1.54
OFFICE VISITS	358	424	12,592.50	29.70	.030	35.17	.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	158	169	8,153.81	48.25	.012	51.61	.57
PREVENTIVE CARE	5	5	249.51	49.90	.000	49.90	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	34	38	898.30	23.64	.003	26.42	.06
INPATIENT VISITS	21	45	2,950.84	65.57	.003	140.52	.21
HOSPITAL VISITS	20	41	2,511.23	61.25	.003	125.56	.18
CRITICAL CARE	4	4	439.61	109.90	.000	109.90	.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	24	27	1,285.86	47.62	.002	53.58	.09
EXAMINATIONS	24	27	1,285.86	47.62	.002	53.58	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	109	4,618.51	42.37	.008	256.58	.33
PRINCIPAL SURGEON	6	7	2,443.35	349.05	.000	407.23	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	102	2,175.16	21.33	.007	181.26	.15
OUTPATIENT SURGERY	61	131	9,121.05	69.63	.009	149.53	.64
PRINCIPAL SURGEON	52	60	7,225.80	120.43	.004	138.96	.51
ASSISTANT SURGEON	1	1	88.24	88.24	.000	88.24	.01
ANESTHESIOLOGIST	12	70	1,807.01	25.81	.005	150.58	.13
DIALYSIS	2	6	474.42	79.07	.000	237.21	.03
PATHOLOGY	66	116	1,130.62	9.75	.008	17.13	.08
RADIOLOGY	164	254	6,493.38	25.56	.018	39.59	.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	5	10		327.94		32.79	.001	65.59	.02
OTHER SERVICES/ALL X-OVERS	54	194		4,446.74		22.92	.014	82.35	.31
@PHARMACY	860	1,504	\$	73,258.19	\$	48.71	.106	85.18	\$ 5.17
PRESCRIPTION DRUGS	858	1,478		72,013.73		48.72	.104	83.93	5.08
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	858	1,478		72,013.73		48.72	.104	83.93	5.08
MEDICAL SUPPLIES	22	26		1,244.46		47.86	.002	56.57	.09
@DENTIST	610	3,095	\$	74,195.35	\$	23.97	.218	121.63	\$ 5.23
VISITS - DIAGNOSTIC	442	2,135		30,156.00		14.12	.151	68.23	2.13
ORAL SURGERY	81	150		8,601.75		57.35	.011	106.19	.61
DRUGS	3	3		50.00		16.67	.000	16.67	.00
ANESTHESIA	5	5		400.00		80.00	.000	80.00	.03
PERIODONTICS	4	4		276.00		69.00	.000	69.00	.02
ENDODONTICS	31	61		3,684.90		60.41	.004	118.87	.26
RESTORATIVE DENTISTRY	235	622		25,676.45		41.28	.044	109.26	1.81
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	5	6		314.00		52.33	.000	62.80	.02
MAXILLOFACIAL SERVICES	3	5		250.00		50.00	.000	83.33	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	44	53		4,411.25		83.23	.004	100.26	.31
ALL OTHER SERVICES	40	51		375.00		7.35	.004	9.38	.03
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
FEE-FOR-SERVICE/DENTAL									
SUMMARY OF SERVICES FOR 100% PROGRAM									
AID CODES 7A 7C 8R 8T									
----- MONTHLY AVERAGE -----									
14,181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	97	287	\$	5,849.47	\$ 20.38	.020	\$ 60.30	\$	.41
DIAGNOSTIC AND ANC. PROCED	58	64		2,652.14	41.44	.005	45.73		.19
EYE APPLIANCES	79	222		3,140.13	14.14	.016	39.75		.22
OTHER OPTOMETRIC SERVICES	1	1		57.20	57.20	.000	57.20		.00
@CHIROPRACTOR	5	9	\$	133.93	\$ 14.88	.001	\$ 26.79	\$	.01
VISITS	5	9		133.93	14.88	.001	26.79		.01
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
NURSE MIDWIFE	1	1	\$	4.34	\$ 4.34	.000	\$ 4.34	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	535	1,609	\$	207,970.00	\$ 129.25	.113	\$ 388.73	\$	14.67
HOSP INPATIENT TOTAL	20	69		157,786.53	2286.76	.005	7889.33		11.13
HSC HOSPITALS	7	37		68,312.00	1846.27	.003	9758.86		4.82
NON-HSC HOSPITAL TOTAL	13	32		89,474.53	2796.08	.002	6882.66		6.31
ACCOMMODATIONS	13	32		19,260.17	601.88	.002	1481.55		1.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	32		19,260.17	601.88	.002	1481.55		1.36
ANCILLARIES	13	0		70,214.36	.00	.000	5401.10		4.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	518	1,540		50,183.47	32.59	.109	96.88	3.54	
MEDICAL	193	244		12,314.64	50.47	.017	63.81	.87	
SURGERY	56	63		2,919.39	46.34	.004	52.13	.21	
PATHOLOGY	130	395		5,589.62	14.15	.028	43.00	.39	
RADIOLOGY	115	157		9,433.63	60.09	.011	82.03	.67	
ROOM USE	354	422		15,872.11	37.61	.030	44.84	1.12	
CROSSOVERS/ALL OTH OUTPTNT	147	259		4,054.08	15.65	.018	27.58	.29	
@COUNTY HOSPITAL TOTAL	2	5	\$	1,276.39	\$ 255.28	.000	\$ 638.20	\$.09	
CO HOSPITAL INPATIENT TOTAL	1	1		1,130.00	1130.00	.000	1130.00	.08	
HSC HOSPITALS	1	1		1,130.00	1130.00	.000	1130.00	.08	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	2	4		146.39	36.60	.000	73.20	.01	
MEDICAL	2	2		71.77	35.89	.000	35.89	.01	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	2	2		74.62	37.31	.000	37.31	.01	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,639
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM								AID CODES 7A 7C 8R 8T
									----- MONTHLY AVERAGE -----
14,181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	534	1,604	\$	206,693.61	\$ 128.86	.113	\$ 387.07	\$ 14.58	

COMM HOSP INPATIENT TOTAL	19	68		156,656.53	2303.77	.005	8245.08	11.05
HSC HOSPITALS	6	36		67,182.00	1866.17	.003	11197.00	4.74
NON-HSC HOSPITALS TOTAL	13	32		89,474.53	2796.08	.002	6882.66	6.31
ACCOMMODATIONS	13	32		19,260.17	601.88	.002	1481.55	1.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	32		19,260.17	601.88	.002	1481.55	1.36
ANCILLARIES	13	0		70,214.36	.00	.000	5401.10	4.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	517	1,536		50,037.08	32.58	.108	96.78	3.53
MEDICAL	191	242		12,242.87	50.59	.017	64.10	.86
SURGERY	56	63		2,919.39	46.34	.004	52.13	.21
PATHOLOGY	130	395		5,589.62	14.15	.028	43.00	.39
RADIOLOGY	115	157		9,433.63	60.09	.011	82.03	.67
ROOM USE	353	420		15,797.49	37.61	.030	44.75	1.11
CROSSOVERS/ALL OTH OUTPTNT	147	259		4,054.08	15.65	.018	27.58	.29
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	121	\$	1,821.31	15.05	.009	303.55	.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	6	121		1,821.31	15.05	.009	303.55	.13
@LABORATORY FACILITY	101	249	\$	3,998.15	16.06	.018	39.59	.28
PATHOLOGY	101	249		3,998.15	16.06	.018	39.59	.28
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	779	1,046	\$	112,768.09	107.81	.074	144.76	7.95
CLINIC	72	132		4,034.43	30.56	.009	56.03	.28
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	707	914		108,733.66	118.96	.064	153.80	7.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,640
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

	14,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS		535	2,312	\$ 34,205.03	\$ 14.79	.163	\$ 63.93	\$ 2.41
DURABLE MED. EQUIP.		11	36	6,739.89	187.22	.003	612.72	.48
BLOOD BANK		0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS		1	10	34.92	3.49	.001	34.92	.00
MEDICAL TRANSPORTATION		22	138	2,707.60	19.62	.010	123.07	.19

AMBULANCES/AIR TRANS	22	138	2,707.60	19.62	.010	123.07	.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	169	1,419.49	8.40	.012	17.74	.10
PHYSICAL THERAPIST	1	3	34.91	11.64	.000	34.91	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	9	359.48	39.94	.001	119.83	.03
PROSTHETICS	3	9	359.48	39.94	.001	119.83	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	20	1,556.44	77.82	.001	222.35	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	393	1,905	20,866.29	10.95	.134	53.09	1.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19	171.01	9.00	.001	10.69	.01
@CALIF. CHILDREN SERVICES*	91	461	\$ 114,124.18	\$ 247.56	.033	\$ 1254.11	\$ 8.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,641
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,878	23,131	\$ 1,395,375.31	\$ 60.32	.000	\$ 202.88	\$.00
@PHYSICIANS SERVICES	573	776	\$ 33,918.37	\$ 43.71	.000	\$ 59.19	\$.00
OUTPATIENT VISITS	62	140	9,048.22	64.63	.000	145.94	.00
OFFICE VISITS	13	13	188.87	14.53	.000	14.53	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	53	127	8,859.35	69.76	.000	167.16	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	10	567.07	56.71	.000	94.51	.00
PRINCIPAL SURGEON	4	4	355.54	88.89	.000	88.89	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	211.53	35.26	.000	105.77	.00
OUTPATIENT SURGERY	31	43	4,850.91	112.81	.000	156.48	.00
PRINCIPAL SURGEON	27	30	4,321.18	144.04	.000	160.04	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	13	529.73	40.75	.000	105.95	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	155	156	2,349.84	15.06	.000	15.16	.00
RADIOLOGY	344	379	13,638.79	35.99	.000	39.65	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	37	857.61	23.18	.000	61.26	.00
OTHER SERVICES/ALL X-OVERS	8	11	2,605.93	236.90	.000	325.74	.00
@PHARMACY	356	614	\$ 22,660.69	\$ 36.91	.000	\$ 63.65	\$.00
PRESCRIPTION DRUGS	317	481	14,223.69	29.57	.000	44.87	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	317	481	14,223.69	29.57	.000	44.87	.00
MEDICAL SUPPLIES	50	133	8,437.00	63.44	.000	168.74	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,642
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	526	3,251	\$ 112,023.16	\$ 34.46	.000	\$ 212.97	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,369	3,548	\$ 182,110.08	\$ 51.33	.000	\$ 133.02	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,369	3,548	182,110.08	51.33	.000	133.02	.00
MEDICAL	13	15	658.08	43.87	.000	50.62	.00
SURGERY	83	115	9,708.69	84.42	.000	116.97	.00
PATHOLOGY	516	780	26,176.65	33.56	.000	50.73	.00
RADIOLOGY	627	671	46,179.75	68.82	.000	73.65	.00
ROOM USE	418	551	18,136.60	32.92	.000	43.39	.00
CROSSOVERS/ALL OTH OUTPTNT	328	1,416	81,250.31	57.38	.000	247.71	.00
@COUNTY HOSPITAL TOTAL	5	27	\$ 1,121.28	\$ 41.53	.000	\$ 224.26	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	27	1,121.28	41.53	.000	224.26	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	5	271.06	54.21	.000	54.21	.00
PATHOLOGY	4	9	482.17	53.57	.000	120.54	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	9	330.99	36.78	.000	66.20	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	37.06	9.27	.000	9.27	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,643
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,364	3,521	\$ 180,988.80	\$ 51.40	.000	\$ 132.69	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,364	3,521	180,988.80	51.40	.000	132.69	.00
MEDICAL	13	15	658.08	43.87	.000	50.62	.00
SURGERY	78	110	9,437.63	85.80	.000	121.00	.00
PATHOLOGY	512	771	25,694.48	33.33	.000	50.18	.00
RADIOLOGY	627	671	46,179.75	68.82	.000	73.65	.00
ROOM USE	413	542	17,805.61	32.85	.000	43.11	.00
CROSSOVERS/ALL OTH OUTPTNT	324	1,412	81,213.25	57.52	.000	250.66	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2,193	5,017	\$	128,734.61	\$	25.66	.000	\$	58.70
PATHOLOGY	2,193	5,017		128,734.61		25.66	.000		58.70
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	4,114	9,543	\$	875,818.40	\$	91.78	.000	\$	212.89
CLINIC	1,066	3,627		231,239.99		63.76	.000		216.92
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	3,056	5,916		644,578.41		108.96	.000		210.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,644
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	382	382	\$	40,110.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	382	382		40,110.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,645
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	9	\$	148.05	\$ 16.45	1.500	\$ 37.01	\$ 24.68
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,646
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	1	\$	14.99	\$	14.99	.167	\$	14.99	\$	2.50
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1		14.99		14.99	.167		14.99		2.50
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		14.99		14.99	.167		14.99		2.50
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,647
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 14.99	\$ 14.99	.167	\$ 14.99	\$ 2.50
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	14.99	14.99	.167	14.99	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	14.99	14.99	.167	14.99	2.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$ 133.06	\$ 16.63	1.333	\$ 33.27	\$ 22.18
CLINIC	4	8	133.06	16.63	1.333	33.27	22.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,648
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 15,649
03/14/05

6,016 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	598	3,670	\$ 418,846.76	\$ 114.13	.610	\$ 700.41	\$ 69.62
@PHYSICIANS SERVICES	238	716	\$ 51,232.39	\$ 71.55	.119	\$ 215.26	\$ 8.52
OUTPATIENT VISITS	65	98	5,219.33	53.26	.016	80.30	.87
OFFICE VISITS	25	38	1,274.73	33.55	.006	50.99	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	16	722.05	45.13	.003	48.14	.12
PREVENTIVE CARE	1	1	45.33	45.33	.000	45.33	.01
OB VISITS/COMPRE PERI	23	40	3,114.72	77.87	.007	135.42	.52
OTHER OUTPATIENT	3	3	62.50	20.83	.000	20.83	.01
INPATIENT VISITS	46	103	5,904.93	57.33	.017	128.37	.98

HOSPITAL VISITS	45	83	3,573.26	43.05	.014	79.41	.59
CRITICAL CARE	2	20	2,331.67	116.58	.003	1165.84	.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	69	311	31,321.36	100.71	.052	453.93	5.21
PRINCIPAL SURGEON	37	38	24,794.27	652.48	.006	670.12	4.12
ASSISTANT SURGEON	5	5	932.50	186.50	.001	186.50	.16
ANESTHESIOLOGIST	33	268	5,594.59	20.88	.045	169.53	.93
OUTPATIENT SURGERY	27	39	2,631.82	67.48	.006	97.47	.44
PRINCIPAL SURGEON	24	30	2,349.13	78.30	.005	97.88	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	9	282.69	31.41	.001	56.54	.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	26	609.04	23.42	.004	29.00	.10
RADIOLOGY	77	97	3,336.38	34.40	.016	43.33	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	219.89	36.65	.001	36.65	.04
OTHER SERVICES/ALL X-OVERS	29	36	1,989.64	55.27	.006	68.61	.33
@PHARMACY	146	298	\$ 8,880.52	\$ 29.80	.050	\$ 60.83	\$ 1.48
PRESCRIPTION DRUGS	144	296	8,862.74	29.94	.049	61.55	1.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	296	8,862.74	29.94	.049	61.55	1.47
MEDICAL SUPPLIES	2	2	17.78	8.89	.000	8.89	.00
@DENTIST	5	9	\$ 38.00	\$ 4.22	.001	\$ 7.60	\$.01
VISITS - DIAGNOSTIC	5	6	38.00	6.33	.001	7.60	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,650
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	6,016 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		1	1	\$ 39.44	\$ 39.44	.000	\$ 39.44	\$.01
DIAGNOSTIC AND ANC. PROCED		1	1	39.44	39.44	.000	39.44	.01
EYE APPLIANCES		0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	.00	.00	.000	.00	.00
VISITS		0	0	.00	.00	.000	.00	.00
OTHER SERVICES		0	0	.00	.00	.000	.00	.00
@PODIATRIST		1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$.01
MEDICINE/INJECTIONS		1	1	57.20	57.20	.000	57.20	.01
SURGERY/ANES.		0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	23	37	\$	1,964.68	\$ 53.10	.006	\$ 85.42	\$.33
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	45	467	\$	13,494.40	\$ 28.90	.078	\$ 299.88	\$ 2.24
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	186	1,239	\$	287,940.54	\$ 232.40	.206	\$ 1548.07	\$ 47.86
HOSP INPATIENT TOTAL	46	205		260,922.93	1272.79	.034	5672.24	43.37
HSC HOSPITALS	1	3		2,081.27	693.76	.000	2081.27	.35
NON-HSC HOSPITAL TOTAL	45	202		258,841.66	1281.39	.034	5752.04	43.03
ACCOMMODATIONS	45	202		117,222.81	580.31	.034	2604.95	19.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	45	202		117,222.81	580.31	.034	2604.95	19.49
ANCILLARIES	45	0		141,618.85	.00	.000	3147.09	23.54
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	161	1,034		27,017.61	26.13	.172	167.81	4.49
MEDICAL	28	33		1,316.02	39.88	.005	47.00	.22
SURGERY	26	35		1,330.77	38.02	.006	51.18	.22
PATHOLOGY	75	316		3,762.18	11.91	.053	50.16	.63
RADIOLOGY	44	49		3,195.85	65.22	.008	72.63	.53
ROOM USE	93	183		6,937.69	37.91	.030	74.60	1.15
CROSSOVERS/ALL OTH OUTPTNT	85	418		10,475.10	25.06	.069	123.24	1.74
@COUNTY HOSPITAL TOTAL	8	76	\$	2,532.27	\$ 33.32	.013	\$ 316.53	\$.42
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	76		2,532.27	33.32	.013	316.53	.42
MEDICAL	3	4		422.01	105.50	.001	140.67	.07
SURGERY	5	8		238.86	29.86	.001	47.77	.04
PATHOLOGY	4	26		588.75	22.64	.004	147.19	.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	17		1,063.19	62.54	.003	212.64	.18
CROSSOVERS/ALL OTH OUTPTNT	7	21		219.46	10.45	.003	31.35	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

----- MONTHLY AVERAGE -----								
6,016 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	178	1,163	\$ 285,408.27	\$ 245.41	.193	\$ 1603.42	\$ 47.44	
COMM HOSP INPATIENT TOTAL	46	205	260,922.93	1272.79	.034	5672.24	43.37	
HSC HOSPITALS	1	3	2,081.27	693.76	.000	2081.27	.35	
NON-HSC HOSPITALS TOTAL	45	202	258,841.66	1281.39	.034	5752.04	43.03	
ACCOMMODATIONS	45	202	117,222.81	580.31	.034	2604.95	19.49	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	45	202	117,222.81	580.31	.034	2604.95	19.49
ANCILLARIES	45	0	141,618.85	.00	.000	3147.09	23.54
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	153	958	24,485.34	25.56	.159	160.03	4.07
MEDICAL	25	29	894.01	30.83	.005	35.76	.15
SURGERY	21	27	1,091.91	40.44	.004	52.00	.18
PATHOLOGY	71	290	3,173.43	10.94	.048	44.70	.53
RADIOLOGY	44	49	3,195.85	65.22	.008	72.63	.53
ROOM USE	88	166	5,874.50	35.39	.028	66.76	.98
CROSSOVERS/ALL OTH OUTPTNT	78	397	10,255.64	25.83	.066	131.48	1.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	72	158	\$ 2,461.57	\$ 15.58	.026	\$ 34.19	\$.41
PATHOLOGY	72	158	2,461.57	15.58	.026	34.19	.41
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	205	730	\$ 49,270.07	\$ 67.49	.121	\$ 240.34	\$ 8.19
CLINIC	96	454	19,356.34	42.64	.075	201.63	3.22
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	110	276	29,913.73	108.38	.046	271.94	4.97

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,652
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

6,016 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	14	\$ 3,467.95	\$ 247.71	.002	\$ 247.71	\$.58
DURABLE MED. EQUIP.	1	1	99.59	99.59	.000	99.59	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.19

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,213.36	1106.68	.000	1106.68	.37
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,653
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

6,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,580	16,570	\$ 972,469.53	\$ 58.69	2.684	\$ 212.33	\$ 157.54
@PHYSICIANS SERVICES	1,236	2,307	\$ 97,605.71	\$ 42.31	.374	\$ 78.97	\$ 15.81
OUTPATIENT VISITS	921	1,155	41,430.11	35.87	.187	44.98	6.71
OFFICE VISITS	487	590	16,143.53	27.36	.096	33.15	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	364	424	20,547.66	48.46	.069	56.45	3.33
PREVENTIVE CARE	15	15	626.88	41.79	.002	41.79	.10
OB VISITS/COMPRE PERI	27	51	2,309.79	45.29	.008	85.55	.37
OTHER OUTPATIENT	74	75	1,802.25	24.03	.012	24.35	.29
INPATIENT VISITS	44	89	5,203.21	58.46	.014	118.25	.84
HOSPITAL VISITS	41	77	3,540.65	45.98	.012	86.36	.57
CRITICAL CARE	5	11	1,635.06	148.64	.002	327.01	.26
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	2	2	86.93	43.47	.000	43.47	.01
EXAMINATIONS	2	2	86.93	43.47	.000	43.47	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	42	191	18,290.70	95.76	.031	435.49	2.96
PRINCIPAL SURGEON	27	32	14,939.25	466.85	.005	553.31	2.42
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.03
ANESTHESIOLOGIST	20	158	3,164.95	20.03	.026	158.25	.51
OUTPATIENT SURGERY	88	155	10,932.22	70.53	.025	124.23	1.77
PRINCIPAL SURGEON	74	84	8,797.64	104.73	.014	118.89	1.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	71	2,134.58	30.06	.012	118.59	.35
DIALYSIS	2	4	403.24	100.81	.001	201.62	.07
PATHOLOGY	93	170	2,109.71	12.41	.028	22.69	.34
RADIOLOGY	287	412	12,368.72	30.02	.067	43.10	2.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	20	31		3,198.80		103.19	.005	159.94	.52
OTHER SERVICES/ALL X-OVERS	72	98		3,582.07		36.55	.016	49.75	.58
@PHARMACY	2,166	4,997	\$	245,797.66	\$	49.19	.809	\$ 113.48	\$ 39.82
PRESCRIPTION DRUGS	2,154	4,401		242,100.64		55.01	.713	112.40	39.22
SNF/ICF	2	8		510.28		63.79	.001	255.14	.08
OUTPATIENTS	2,153	4,393		241,590.36		54.99	.712	112.21	39.14
MEDICAL SUPPLIES	50	596		3,697.02		6.20	.097	73.94	.60
@DENTIST	337	1,870	\$	57,578.10	\$	30.79	.303	\$ 170.85	\$ 9.33
VISITS - DIAGNOSTIC	246	1,163		16,283.40		14.00	.188	66.19	2.64
ORAL SURGERY	60	150		11,184.50		74.56	.024	186.41	1.81
DRUGS	6	6		125.00		20.83	.001	20.83	.02
ANESTHESIA	7	7		800.00		114.29	.001	114.29	.13
PERIODONTICS	3	3		354.00		118.00	.000	118.00	.06
ENDODONTICS	31	56		5,781.45		103.24	.009	186.50	.94
RESTORATIVE DENTISTRY	136	447		20,569.75		46.02	.072	151.25	3.33
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	10		1,165.00		116.50	.002	388.33	.19
SPACE MAINTAINERS	1	4		360.00		90.00	.001	360.00	.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	16	17		805.00		47.35	.003	50.31	.13
ALL OTHER SERVICES	6	7		150.00		21.43	.001	25.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,654
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
	AID CODE 38								
	----- MONTHLY AVERAGE -----								
6,173 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	56	147	\$	3,372.75	\$ 22.94	.024	\$ 60.23	\$.55	
DIAGNOSTIC AND ANC. PROCED	40	43		1,741.29	40.50	.007	43.53	.28	
EYE APPLIANCES	36	102		1,493.66	14.64	.017	41.49	.24	
OTHER OPTOMETRIC SERVICES	2	2		137.80	68.90	.000	68.90	.02	

@CHIROPRACTOR	4	7	\$	117.04	\$	16.72	.001	\$	29.26	\$	.02
VISITS	4	7		117.04		16.72	.001		29.26		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	62.41	\$	62.41	.000	\$	62.41	\$	.01
MEDICINE/INJECTIONS	1	1		62.41		62.41	.000		62.41		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	27	\$	1,618.65	\$	59.95	.004	\$	115.62	\$	.26
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	18	81	\$	2,298.38	\$	28.38	.013	\$	127.69	\$	.37
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$	24.00	.000	\$	24.00	\$	.00
@TOTAL HOSPITAL	1,044	3,738	\$	351,254.02	\$	93.97	.606	\$	336.45	\$	56.90
HOSP INPATIENT TOTAL	46	150		248,848.76		1658.99	.024		5409.76		40.31
HSC HOSPITALS	6	9		14,187.00		1576.33	.001		2364.50		2.30
NON-HSC HOSPITAL TOTAL	41	141		234,661.76		1664.27	.023		5723.46		38.01
ACCOMMODATIONS	41	141		76,673.34		543.78	.023		1870.08		12.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	41	141		76,673.34		543.78	.023		1870.08		12.42
ANCILLARIES	41	0		157,988.42		.00	.000		3853.38		25.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,019	3,588		102,405.26		28.54	.581		100.50		16.59
MEDICAL	362	469		15,798.39		33.69	.076		43.64		2.56
SURGERY	93	106		4,125.49		38.92	.017		44.36		.67
PATHOLOGY	299	987		11,610.05		11.76	.160		38.83		1.88
RADIOLOGY	232	323		21,474.22		66.48	.052		92.56		3.48
ROOM USE	775	976		36,537.77		37.44	.158		47.15		5.92
CROSSOVERS/ALL OTH OUTPTNT	338	727		12,859.34		17.69	.118		38.05		2.08
@COUNTY HOSPITAL TOTAL	5	29	\$	2,077.30	\$	71.63	.005	\$	415.46	\$	.34
CO HOSPITAL INPATIENT TOTAL	1	1		1,130.00		1130.00	.000		1130.00		.18
HSC HOSPITALS	1	1		1,130.00		1130.00	.000		1130.00		.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	28		947.30		33.83	.005		236.83		.15
MEDICAL	2	3		179.72		59.91	.000		89.86		.03
SURGERY	1	2		61.20		30.60	.000		61.20		.01
PATHOLOGY	1	8		146.91		18.36	.001		146.91		.02
RADIOLOGY	1	2		80.13		40.07	.000		80.13		.01
ROOM USE	3	7		372.80		53.26	.001		124.27		.06
CROSSOVERS/ALL OTH OUTPTNT	2	6		106.54		17.76	.001		53.27		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,655
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	6,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,041	3,709	\$	349,176.72	\$ 94.14	.601	\$ 335.42	\$ 56.57

COMM HOSP INPATIENT TOTAL	45	149		247,718.76	1662.54	.024	5504.86	40.13
HSC HOSPITALS	5	8		13,057.00	1632.13	.001	2611.40	2.12
NON-HSC HOSPITALS TOTAL	41	141		234,661.76	1664.27	.023	5723.46	38.01
ACCOMMODATIONS	41	141		76,673.34	543.78	.023	1870.08	12.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	141		76,673.34	543.78	.023	1870.08	12.42
ANCILLARIES	41	0		157,988.42	.00	.000	3853.38	25.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,016	3,560		101,457.96	28.50	.577	99.86	16.44
MEDICAL	361	466		15,618.67	33.52	.075	43.27	2.53
SURGERY	92	104		4,064.29	39.08	.017	44.18	.66
PATHOLOGY	298	979		11,463.14	11.71	.159	38.47	1.86
RADIOLOGY	232	321		21,394.09	66.65	.052	92.22	3.47
ROOM USE	773	969		36,164.97	37.32	.157	46.79	5.86
CROSSOVERS/ALL OTH OUTPTNT	336	721		12,752.80	17.69	.117	37.95	2.07
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	2	\$	473.64	\$ 236.82	.000	\$ 473.64	\$.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	2		473.64	236.82	.000	473.64	.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	29	\$	460.98	\$ 15.90	.005	\$ 153.66	\$.07
HOSPITAL BASED	2	3		168.27	56.09	.000	84.14	.03
INDEPENDENT FACILITY	1	26		292.71	11.26	.004	292.71	.05
@LABORATORY FACILITY	258	643	\$	10,009.73	\$ 15.57	.104	\$ 38.80	\$ 1.62
PATHOLOGY	258	643		10,009.73	15.57	.104	38.80	1.62
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,020	1,599	\$	185,922.50	\$ 116.27	.259	\$ 182.28	\$ 30.12
CLINIC	104	262		9,509.29	36.30	.042	91.44	1.54
SURGICENTER	1	6		231.21	38.54	.001	231.21	.04
HEROIN DETOX CLINIC	1	19		213.68	11.25	.003	213.68	.03
RURAL HEALTH CLINIC	919	1,312		175,968.32	134.12	.213	191.48	28.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,656
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,173 ELIGIBLES							
@ALL OTHER PROVIDERS	219	1,121	\$ 15,873.96	\$ 14.16	.182	\$ 72.48	\$ 2.57
DURABLE MED. EQUIP.	7	10	752.67	75.27	.002	107.52	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33	498	7,241.26	14.54	.081	219.43	1.17

AMBULANCES/AIR TRANS	32	287	5,059.36	17.63	.046	158.11	.82
OTHER TRANS	1	210	381.90	1.82	.034	381.90	.06
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.29
ACUPUNCTURE	2	4	64.88	16.22	.001	32.44	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	840.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	53	118	1,074.49	9.11	.019	20.27	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	21	999.29	47.59	.003	99.93	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	103	455	4,805.40	10.56	.074	46.65	.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	95.97	13.71	.001	31.99	.02
@CALIF. CHILDREN SERVICES*	22	303	\$ 11,853.98	\$ 39.12	.049	\$ 538.82	\$ 1.92
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 2.82	\$ 2.82	.000	\$ 2.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,657
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	263	2,267	\$ 216,032.10	\$ 95.29	4.783	\$ 821.41	\$ 455.76
@PHYSICIANS SERVICES	74	310	\$ 16,373.10	\$ 52.82	.654	\$ 221.26	\$ 34.54
OUTPATIENT VISITS	54	67	2,830.24	42.24	.141	52.41	5.97
OFFICE VISITS	31	38	1,243.44	32.72	.080	40.11	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	25	1,381.09	55.24	.053	65.77	2.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.002	126.31	.27
OTHER OUTPATIENT	3	3	79.40	26.47	.006	26.47	.17
INPATIENT VISITS	6	39	2,504.79	64.23	.082	417.47	5.28
HOSPITAL VISITS	5	26	1,261.59	48.52	.055	252.32	2.66
CRITICAL CARE	2	9	1,094.40	121.60	.019	547.20	2.31
SNF/ICF/TRANS IP CARE	2	4	148.80	37.20	.008	74.40	.31
OPHTHALMOLOGICAL SERVICES	2	3	84.87	28.29	.006	42.44	.18
EXAMINATIONS	2	3	84.87	28.29	.006	42.44	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	110	7,099.48	64.54	.232	1774.87	14.98
PRINCIPAL SURGEON	3	14	5,753.89	410.99	.030	1917.96	12.14
ASSISTANT SURGEON	1	2	62.55	31.28	.004	62.55	.13
ANESTHESIOLOGIST	2	94	1,283.04	13.65	.198	641.52	2.71
OUTPATIENT SURGERY	5	6	481.20	80.20	.013	96.24	1.02
PRINCIPAL SURGEON	5	6	481.20	80.20	.013	96.24	1.02

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	102.31	11.37	.019	51.16	.22
RADIOLOGY	23	60	1,869.95	31.17	.127	81.30	3.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.15	10.15	.002	10.15	.02
OTHER SERVICES/ALL X-OVERS	10	15	1,390.11	92.67	.032	139.01	2.93
@PHARMACY	166	712	\$ 51,957.65	\$ 72.97	1.502	\$ 313.00	\$ 109.62
PRESCRIPTION DRUGS	160	585	50,905.46	87.02	1.234	318.16	107.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	160	585	50,905.46	87.02	1.234	318.16	107.40
MEDICAL SUPPLIES	23	127	1,052.19	8.28	.268	45.75	2.22
@DENTIST	22	118	\$ 3,931.80	\$ 33.32	.249	\$ 178.72	\$ 8.29
VISITS - DIAGNOSTIC	17	70	1,092.80	15.61	.148	64.28	2.31
ORAL SURGERY	3	5	440.00	88.00	.011	146.67	.93
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	3	850.00	283.33	.006	283.33	1.79
RESTORATIVE DENTISTRY	7	27	1,180.00	43.70	.057	168.57	2.49
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12	334.00	27.83	.025	334.00	.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.002	35.00	.07
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,658
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

474 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$	205.79	\$ 22.87	.019	\$ 68.60	\$.43
DIAGNOSTIC AND ANC. PROCED	2	2		83.04	41.52	.004	41.52	.18
EYE APPLIANCES	2	6		85.25	14.21	.013	42.63	.18
OTHER OPTOMETRIC SERVICES	1	1		37.50	37.50	.002	37.50	.08
@CHIROPRACTOR	3	6	\$	100.32	\$ 16.72	.013	\$ 33.44	\$.21
VISITS	3	6		100.32	16.72	.013	33.44	.21
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	5	\$	100.30	\$ 20.06	.011	\$ 50.15	\$.21
MEDICINE/INJECTIONS	1	3		72.00	24.00	.006	72.00	.15
SURGERY/ANES.	1	1		11.00	11.00	.002	11.00	.02
RADIO./PATHOLOGY	1	1		17.30	17.30	.002	17.30	.04
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	60	242	\$	131,621.39	\$ 543.89	.511	\$ 2193.69	\$ 277.68
HOSP INPATIENT TOTAL	3	19		125,327.33	6596.18	.040	41775.78	264.40
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	19		125,327.33	6596.18	.040	41775.78	264.40
ACCOMMODATIONS	3	19		16,966.97	893.00	.040	5655.66	35.80

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	19	16,966.97	893.00	.040	5655.66	35.80
ANCILLARIES	3	0	108,360.36	.00	.000	36120.12	228.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	223	6,294.06	28.22	.470	106.68	13.28
MEDICAL	27	33	1,204.56	36.50	.070	44.61	2.54
SURGERY	8	8	272.85	34.11	.017	34.11	.58
PATHOLOGY	19	61	750.49	12.30	.129	39.50	1.58
RADIOLOGY	13	16	1,541.54	96.35	.034	118.58	3.25
ROOM USE	37	44	1,476.24	33.55	.093	39.90	3.11
CROSSOVERS/ALL OTH OUTPTNT	20	61	1,048.38	17.19	.129	52.42	2.21
@COUNTY HOSPITAL TOTAL	2	15	\$ 448.86	\$ 29.92	.032	\$ 224.43	\$.95
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	15	448.86	29.92	.032	224.43	.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	11	162.10	14.74	.023	162.10	.34
RADIOLOGY	1	2	228.13	114.07	.004	228.13	.48
ROOM USE	1	1	36.58	36.58	.002	36.58	.08
CROSSOVERS/ALL OTH OUTPTNT	1	1	22.05	22.05	.002	22.05	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,659

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59	227	\$ 131,172.53	\$ 577.85	.479	\$ 2223.26	\$ 276.74
COMM HOSP INPATIENT TOTAL	3	19	125,327.33	6596.18	.040	41775.78	264.40
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	19	125,327.33	6596.18	.040	41775.78	264.40
ACCOMMODATIONS	3	19	16,966.97	893.00	.040	5655.66	35.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	19	16,966.97	893.00	.040	5655.66	35.80
ANCILLARIES	3	0	108,360.36	.00	.000	36120.12	228.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	58	208	5,845.20	28.10	.439	100.78	12.33
MEDICAL	27	33	1,204.56	36.50	.070	44.61	2.54
SURGERY	8	8	272.85	34.11	.017	34.11	.58
PATHOLOGY	18	50	588.39	11.77	.105	32.69	1.24
RADIOLOGY	12	14	1,313.41	93.82	.030	109.45	2.77
ROOM USE	36	43	1,439.66	33.48	.091	39.99	3.04
CROSSOVERS/ALL OTH OUTPTNT	19	60	1,026.33	17.11	.127	54.02	2.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	20	\$ 4,432.80	\$ 221.64	.042	\$ 4432.80	\$ 9.35
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	20	4,432.80	221.64	.042	4432.80	9.35
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	53	\$ 806.16	\$ 15.21	.112	\$ 201.54	\$ 1.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	4	53	806.16	15.21	.112	201.54	1.70
@LABORATORY FACILITY	20	69	\$ 818.56	\$ 11.86	.146	\$ 40.93	\$ 1.73
PATHOLOGY	20	69	818.56	11.86	.146	40.93	1.73
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	64	\$ 3,787.04	\$ 59.17	.135	\$ 140.26	\$ 7.99
CLINIC	8	16	408.69	25.54	.034	51.09	.86
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	18	213.11	11.84	.038	213.11	.45
RURAL HEALTH CLINIC	18	30	3,165.24	105.51	.063	175.85	6.68

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 15,660
03/14/05

474 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	659	\$	1,897.19	\$ 2.88	1.390	\$ 111.60	\$ 4.00
DURABLE MED. EQUIP.	3	20		324.86	16.24	.042	108.29	.69
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	25		1,063.98	42.56	.053	152.00	2.24
AMBULANCES/AIR TRANS	7	25		1,063.98	42.56	.053	152.00	2.24
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.002	105.00	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	8		81.86	10.23	.017	27.29	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3		31.20	10.40	.006	31.20	.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	602		290.29	.48	1.270	72.57	.61
@CALIF. CHILDREN SERVICES*	7	63	\$	1,007.39	\$ 15.99	.133	\$ 143.91	\$ 2.13
@XOVER EXCLUDING STATE HOSP**	2	2	\$	105.85	\$ 52.93	.004	\$ 52.93	\$.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,661
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

513 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	355	7,236	\$ 368,558.57	\$ 50.93	14.105	\$ 1038.19	\$ 718.44
@PHYSICIANS SERVICES	48	115	\$ 2,225.80	\$ 19.35	.224	\$ 46.37	\$ 4.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	48	115		2,225.80	19.35	.224	46.37	4.34
@PHARMACY	242	1,648	\$	56,383.18	\$ 34.21	3.212	\$ 232.99	\$ 109.91
PRESCRIPTION DRUGS	239	968		54,819.73	56.63	1.887	229.37	106.86
SNF/ICF	89	490		25,911.75	52.88	.955	291.14	50.51
OUTPATIENTS	151	478		28,907.98	60.48	.932	191.44	56.35
MEDICAL SUPPLIES	14	680		1,563.45	2.30	1.326	111.68	3.05
@DENTIST	13	21	\$	941.00	\$ 44.81	.041	\$ 72.38	\$ 1.83
VISITS - DIAGNOSTIC	11	17		461.00	27.12	.033	41.91	.90
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		340.00	340.00	.002	340.00	.66
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		140.00	46.67	.006	70.00	.27
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,662
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

513 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	6	15	\$ 265.55	\$ 17.70	.029	\$ 44.26	\$.52	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	6	15	265.55	17.70	.029	44.26	.52	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	20	34	\$ 162.34	\$ 4.77	.066	\$ 8.12	\$.32	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	20	34	162.34	4.77	.066	8.12	.32	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	25	84	\$	9,604.44	\$	114.34	.164	\$	384.18	\$	18.72
HOSP INPATIENT TOTAL	6	0		7,744.74		.00	.000		1290.79		15.10
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	0		7,744.74		.00	.000		1290.79		15.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	84		1,859.70		22.14	.164		84.53		3.63
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	22	84		1,859.70		22.14	.164		84.53		3.63
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,663
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

513 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	84	\$ 9,604.44	\$ 114.34	.164	\$ 384.18	\$ 18.72
COMM HOSP INPATIENT TOTAL	6	0	7,744.74	.00	.000	1290.79	15.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	7,744.74	.00	.000	1290.79	15.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	84	1,859.70	22.14	.164	84.53	3.63
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	84		1,859.70	22.14	.164	84.53	3.63
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	85	1,615	\$	256,889.90	\$ 159.06	3.148	\$ 3022.23	\$ 500.76
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	85	1,615		256,889.90	159.06	3.148	3022.23	500.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$	49.48	\$ 9.90	.010	\$ 16.49	\$.10
PATHOLOGY	3	5		49.48	9.90	.010	16.49	.10
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$	496.90	\$ 33.13	.029	\$ 55.21	\$.97
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

9 15 496.90 33.13 .029 55.21 .97
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 15,664
03/14/05

513 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	63	3,684	\$ 41,539.98	\$ 11.28	7.181	\$ 659.36	\$ 80.97
DURABLE MED. EQUIP.	4	12	2,186.98	182.25	.023	546.75	4.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	797.62	797.62	.002	797.62	1.55
MEDICAL TRANSPORTATION	4	111	356.85	3.21	.216	89.21	.70
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	111	356.85	3.21	.216	89.21	.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	8	140.57	17.57	.016	70.29	.27
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	69	1,287.03	18.65	.135	321.76	2.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	156.48	13.04	.023	26.08	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	10	7.88	.79	.019	1.13	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	10	368.87	36.89	.019	92.22	.72
HOSPICE SERVICES	10	267	34,400.49	128.84	.520	3440.05	67.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	3,184	1,837.21	.58	6.207	73.49	3.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	120	1,900	\$ 47,344.61	\$ 24.92	3.704	\$ 394.54	\$ 92.29

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E
PAGE 15,665
03/14/05

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	469	\$ 19,809.08	\$ 42.24	11.725	\$ 683.07	\$ 495.23
@PHYSICIANS SERVICES	8	8	\$ 353.23	\$ 44.15	.200	\$ 44.15	\$ 8.83
OUTPATIENT VISITS	2	2	68.60	34.30	.050	34.30	1.72
OFFICE VISITS	1	1	24.00	24.00	.025	24.00	.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.025	44.60	1.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	74.30	37.15	.050	37.15	1.86
EXAMINATIONS	2	2	74.30	37.15	.050	37.15	1.86
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	47.85	47.85	.025	47.85	1.20
PRINCIPAL SURGEON	1	1	47.85	47.85	.025	47.85	1.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	162.48	54.16	.075	54.16	4.06
@PHARMACY	17	65	\$ 2,959.06	\$ 45.52	1.625	\$ 174.06	\$ 73.98
PRESCRIPTION DRUGS	17	63	2,869.66	45.55	1.575	168.80	71.74
SNF/ICF	5	28	1,295.30	46.26	.700	259.06	32.38
OUTPATIENTS	13	35	1,574.36	44.98	.875	121.10	39.36
MEDICAL SUPPLIES	1	2	89.40	44.70	.050	89.40	2.24
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,666
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	6	\$	1,429.61	\$ 238.27	.150	\$ 357.40	\$ 35.74
HOSP INPATIENT TOTAL	1	0		1,270.00		.000	1270.00	31.75
HSC HOSPITALS	0	0		.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	1	0		1,270.00	.00	.000	1270.00	31.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	6		159.61	26.60	.150	53.20	3.99
MEDICAL	1	3		83.16	27.72	.075	83.16	2.08
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		25.14	25.14	.025	25.14	.63
ROOM USE	1	1		34.10	34.10	.025	34.10	.85
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.21	17.21	.025	17.21	.43
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,667
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	6	\$ 1,429.61	\$ 238.27	.150	\$ 357.40	\$ 35.74
COMM HOSP INPATIENT TOTAL	1	0	1,270.00	.00	.000	1270.00	31.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		1,270.00	.00	.000	1270.00	31.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	6		159.61	26.60	.150	53.20	3.99
MEDICAL	1	3		83.16	27.72	.075	83.16	2.08
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		25.14	25.14	.025	25.14	.63
ROOM USE	1	1		34.10	34.10	.025	34.10	.85
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.21	17.21	.025	17.21	.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	98	\$	13,130.32	\$ 133.98	2.450	\$ 2626.06	\$ 328.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	98		13,130.32	133.98	2.450	2626.06	328.26
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	6	\$	84.15	\$ 14.03	.150	\$ 84.15	\$ 2.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	6		84.15	14.03	.150	84.15	2.10
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$	380.55	\$ 95.14	.100	\$ 126.85	\$ 9.51
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4		380.55	95.14	.100	126.85	9.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,668
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	282	\$	5.22	7.050	\$ 210.31	\$ 36.80
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	5CR		7.56CR	.125CR	.00	.19CR
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	5CR		7.56CR	.125CR	.00	.19CR
ACUPUNCTURE	1	2		32.44	.050	32.44	.81
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	30.00	15.00	.050	30.00	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	177.73	44.43	.100	88.87	4.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	179	1,174.55	6.56	4.475	587.28	29.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	100	65.00	.65	2.500	65.00	1.63
@CALIF. CHILDREN SERVICES*	5	15	\$ 521.22	\$ 34.75	.375	\$ 104.24	\$ 13.03
@XOVER EXCLUDING STATE HOSP**	2	3CR	\$ 849.63	\$ 283.21CR	.075CR\$	424.82	\$ 21.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,669
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

	2,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,923	26,496	\$ 1,621,572.03	\$ 61.20	10.222	\$ 843.25	\$ 625.61	
@PHYSICIANS SERVICES	396	1,328	\$ 44,539.98	\$ 33.54	.512	\$ 112.47	\$ 17.18	
OUTPATIENT VISITS	142	183	7,727.51	42.23	.071	54.42	2.98	
OFFICE VISITS	81	96	3,398.04	35.40	.037	41.95	1.31	

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	50	67		3,808.43	56.84	.026	76.17	1.47
PREVENTIVE CARE	1	1		48.00	48.00	.000	48.00	.02
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19		473.04	24.90	.007	31.54	.18
INPATIENT VISITS	36	84		4,392.57	52.29	.032	122.02	1.69
HOSPITAL VISITS	18	56		2,638.42	47.11	.022	146.58	1.02
CRITICAL CARE	3	8		1,068.45	133.56	.003	356.15	.41
SNF/ICF/TRANS IP CARE	17	20		685.70	34.29	.008	40.34	.26
OPHTHALMOLOGICAL SERVICES	8	12		462.67	38.56	.005	57.83	.18
EXAMINATIONS	8	12		462.67	38.56	.005	57.83	.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	123		7,880.32	64.07	.047	437.80	3.04
PRINCIPAL SURGEON	12	24		5,740.88	239.20	.009	478.41	2.21
ASSISTANT SURGEON	1	1		398.73	398.73	.000	398.73	.15
ANESTHESIOLOGIST	8	98		1,740.71	17.76	.038	217.59	.67
OUTPATIENT SURGERY	29	118		4,781.84	40.52	.046	164.89	1.84
PRINCIPAL SURGEON	22	26		3,722.53	143.17	.010	169.21	1.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	92		1,059.31	11.51	.035	132.41	.41
DIALYSIS	3	3		600.08	200.03	.001	200.03	.23
PATHOLOGY	21	52		741.59	14.26	.020	35.31	.29
RADIOLOGY	75	151		6,327.96	41.91	.058	84.37	2.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	52		2,265.37	43.56	.020	377.56	.87
OTHER SERVICES/ALL X-OVERS	165	550		9,360.07	17.02	.212	56.73	3.61
@PHARMACY	1,189	6,913	\$	442,225.80	\$ 63.97	2.667	\$ 371.93	\$ 170.61
PRESCRIPTION DRUGS	1,178	4,631		436,830.33	94.33	1.787	370.82	168.53
SNF/ICF	214	1,137		109,971.01	96.72	.439	513.88	42.43
OUTPATIENTS	971	3,494		326,859.32	93.55	1.348	336.62	126.10
MEDICAL SUPPLIES	62	2,282		5,395.47	2.36	.880	87.02	2.08
@DENTIST	95	359	\$	15,586.68	\$ 43.42	.139	\$ 164.07	\$ 6.01
VISITS - DIAGNOSTIC	68	237		3,151.78	13.30	.091	46.35	1.22
ORAL SURGERY	14	28		1,649.00	58.89	.011	117.79	.64
DRUGS	1	2		.00	.00	.001	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.08
PERIODONTICS	5	5		354.00	70.80	.002	70.80	.14
ENDODONTICS	5	6		1,870.00	311.67	.002	374.00	.72
RESTORATIVE DENTISTRY	21	51		3,206.90	62.88	.020	152.71	1.24
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	28		5,155.00	184.11	.011	736.43	1.99
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
----- MONTHLY AVERAGE -----								
2,592 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	41	134	\$ 2,690.04	\$ 20.07	.052	\$ 65.61	\$ 1.04	
DIAGNOSTIC AND ANC. PROCED	16	16	743.18	46.45	.006	46.45	.29	
EYE APPLIANCES	37	116	1,830.51	15.78	.045	49.47	.71	
OTHER OPTOMETRIC SERVICES	2	2	116.35	58.18	.001	58.18	.04	

@CHIROPRACTOR	2	14	\$	188.94	\$	13.50	.005	\$	94.47	\$	.07
VISITS	1	8		133.76		16.72	.003		133.76		.05
OTHER SERVICES	1	6		55.18		9.20	.002		55.18		.02
@PODIATRIST	41	67	\$	431.89	\$	6.45	.026	\$	10.53	\$	.17
MEDICINE/INJECTIONS	3	3		105.20		35.07	.001		35.07		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.01
OTHER	38	63		309.39		4.91	.024		8.14		.12
@HOME HEALTH AGENCY	9	619	\$	19,037.89	\$	30.76	.239	\$	2115.32	\$	7.34
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	5.47	\$	5.47	.000	\$	5.47	\$	.00
@TOTAL HOSPITAL	334	1,748	\$	141,852.80	\$	81.15	.674	\$	424.71	\$	54.73
HOSP INPATIENT TOTAL	27	77		92,147.33		1196.72	.030		3412.86		35.55
HSC HOSPITALS	6	25		39,581.00		1583.24	.010		6596.83		15.27
NON-HSC HOSPITAL TOTAL	8	52		37,870.87		728.29	.020		4733.86		14.61
ACCOMMODATIONS	8	52		16,109.15		309.79	.020		2013.64		6.21
ADMINISTRATIVE DAYS	1	27		6,245.10		231.30	.010		6245.10		2.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	25		9,864.05		394.56	.010		1409.15		3.81
ANCILLARIES	8	0		21,761.72		.00	.000		2720.22		8.40
INPATIENT CROSSOVERS	14	0		14,695.46		.00	.000		1049.68		5.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	310	1,671		49,705.47		29.75	.645		160.34		19.18
MEDICAL	117	202		8,287.91		41.03	.078		70.84		3.20
SURGERY	30	31		1,523.39		49.14	.012		50.78		.59
PATHOLOGY	90	486		5,216.87		10.73	.188		57.97		2.01
RADIOLOGY	64	97		10,390.23		107.12	.037		162.35		4.01
ROOM USE	143	212		7,905.17		37.29	.082		55.28		3.05
CROSSOVERS/ALL OTH OUTPTNT	153	643		16,381.90		25.48	.248		107.07		6.32
@COUNTY HOSPITAL TOTAL	11	104	\$	15,105.04	\$	145.24	.040	\$	1373.19	\$	5.83
CO HOSPITAL INPATIENT TOTAL	2	14		13,015.65		929.69	.005		6507.83		5.02
HSC HOSPITALS	2	10		11,150.00		1115.00	.004		5575.00		4.30
NON-HSC HOSPITALS TOTAL	1	4		1,865.65		466.41	.002		1865.65		.72
ACCOMMODATIONS	1	4		925.20		231.30	.002		925.20		.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		925.20		231.30	.002		925.20		.36
ANCILLARIES	1	0		940.45		.00	.000		940.45		.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	90		2,089.39		23.22	.035		208.94		.81
MEDICAL	6	13		505.45		38.88	.005		84.24		.20
SURGERY	1	1		93.64		93.64	.000		93.64		.04
PATHOLOGY	7	45		378.26		8.41	.017		54.04		.15
RADIOLOGY	3	9		374.07		41.56	.003		124.69		.14
ROOM USE	7	13		621.24		47.79	.005		88.75		.24
CROSSOVERS/ALL OTH OUTPTNT	4	9		116.73		12.97	.003		29.18		.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,671
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	2,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	323	1,644	\$	126,747.76	\$ 77.10	.634	\$ 392.41	\$ 48.90

COMM HOSP INPATIENT TOTAL	25	63		79,131.68	1256.06	.024	3165.27	30.53
HSC HOSPITALS	4	15		28,431.00	1895.40	.006	7107.75	10.97
NON-HSC HOSPITALS TOTAL	7	48		36,005.22	750.11	.019	5143.60	13.89
ACCOMMODATIONS	7	48		15,183.95	316.33	.019	2169.14	5.86
ADMINISTRATIVE DAYS	1	27		6,245.10	231.30	.010	6245.10	2.41
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21		8,938.85	425.66	.008	1489.81	3.45
ANCILLARIES	7	0		20,821.27	.00	.000	2974.47	8.03
INPATIENT CROSSOVERS	14	0		14,695.46	.00	.000	1049.68	5.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	300	1,581		47,616.08	30.12	.610	158.72	18.37
MEDICAL	111	189		7,782.46	41.18	.073	70.11	3.00
SURGERY	29	30		1,429.75	47.66	.012	49.30	.55
PATHOLOGY	83	441		4,838.61	10.97	.170	58.30	1.87
RADIOLOGY	61	88		10,016.16	113.82	.034	164.20	3.86
ROOM USE	136	199		7,283.93	36.60	.077	53.56	2.81
CROSSOVERS/ALL OTH OUTPTNT	149	634		16,265.17	25.65	.245	109.16	6.28
@STATE HOSPITAL	0	0	\$	1,887.50	.00	.000	.00	.73
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		1,887.50	.00	.000	.00	.73
@NURSING FACILITY	179	4,415	\$	645,282.98	146.16	1.703	3604.93	248.95
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	66	1,883		269,223.85	142.98	.726	4079.15	103.87
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	113	2,532		376,059.13	148.52	.977	3327.96	145.08
@INTERMEDIATE CARE FACIL.-DD	35	891	\$	159,339.34	178.83	.344	4552.55	61.47
ICF DDH	32	800		140,029.48	175.04	.309	4375.92	54.02
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	3	91		19,309.86	212.20	.035	6436.62	7.45
@HEMODIALYSIS TOTAL	22	112	\$	17,580.62	156.97	.043	799.12	6.78
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	112		17,580.62	156.97	.043	799.12	6.78
@REHABILITATION FACILITY	17	373	\$	5,634.91	15.11	.144	331.47	2.17
HOSPITAL BASED	3	94		1,532.91	16.31	.036	510.97	.59
INDEPENDENT FACILITY	14	279		4,102.00	14.70	.108	293.00	1.58
@LABORATORY FACILITY	59	215	\$	2,713.10	12.62	.083	45.98	1.05
PATHOLOGY	59	215		2,713.10	12.62	.083	45.98	1.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	225	408	\$	38,784.86	95.06	.157	172.38	14.96
CLINIC	10	36		976.64	27.13	.014	97.66	.38
SURGICENTER	1	1		197.97	197.97	.000	197.97	.08
HEROIN DETOX CLINIC	2	15		222.41	14.83	.006	111.21	.09
RURAL HEALTH CLINIC	215	356		37,387.84	105.02	.137	173.90	14.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,672
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
2,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	238	8,899	\$ 83,789.23	\$ 9.42	3.433	\$ 352.06	\$ 32.33	
DURABLE MED. EQUIP.	25	76	31,136.88	409.70	.029	1245.48	12.01	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4	215.99	54.00	.002	108.00	.08	
MEDICAL TRANSPORTATION	55	1,810	9,101.58	5.03	.698	165.48	3.51	

AMBULANCES/AIR TRANS	28	288	4,011.04	13.93	.111	143.25	1.55
OTHER TRANS	21	1,513	5,155.15	3.41	.584	245.48	1.99
OTHER SERVICES	7	9	64.61CR	7.18CR	.003	9.23CR	.02CR
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15	1,043.70	69.58	.006	1043.70	.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	1	30.00	30.00	.000	30.00	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	38	86	882.79	10.27	.033	23.23	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	14	39.51	2.82	.005	6.59	.02
PROSTHETIST/ORTHOTISTS	4	11	792.64	72.06	.004	198.16	.31
PROSTHETICS	4	11	792.64	72.06	.004	198.16	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	84.45	42.23	.001	42.23	.03
SPEECH AND AUDIOLOGY	8	17	1,318.55	77.56	.007	164.82	.51
HOSPICE SERVICES	7	189	27,061.83	143.18	.073	3865.98	10.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	59	1,341	10,152.52	7.57	.517	172.08	3.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	5,333	1,928.79	.36	2.057	42.86	.74
@CALIF. CHILDREN SERVICES*	70	523	\$ 25,870.42	\$ 49.47	.202	\$ 369.58	\$ 9.98
@XOVER EXCLUDING STATE HOSP**	291	1,117	\$ 77,319.54	\$ 69.22	.431	\$ 265.70	\$ 29.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,673
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

3,145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,307	34,201	\$ 2,009,939.68	\$ 58.77	10.875	\$ 871.24	\$ 639.09
@PHYSICIANS SERVICES	452	1,451	\$ 47,119.01	\$ 32.47	.461	\$ 104.25	\$ 14.98
OUTPATIENT VISITS	144	185	7,796.11	42.14	.059	54.14	2.48
OFFICE VISITS	82	97	3,422.04	35.28	.031	41.73	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	68	3,853.03	56.66	.022	75.55	1.23
PREVENTIVE CARE	1	1	48.00	48.00	.000	48.00	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19	473.04	24.90	.006	31.54	.15
INPATIENT VISITS	36	84	4,392.57	52.29	.027	122.02	1.40
HOSPITAL VISITS	18	56	2,638.42	47.11	.018	146.58	.84
CRITICAL CARE	3	8	1,068.45	133.56	.003	356.15	.34
SNF/ICF/TRANS IP CARE	17	20	685.70	34.29	.006	40.34	.22
OPHTHALMOLOGICAL SERVICES	10	14	536.97	38.36	.004	53.70	.17
EXAMINATIONS	10	14	536.97	38.36	.004	53.70	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	123	7,880.32	64.07	.039	437.80	2.51
PRINCIPAL SURGEON	12	24	5,740.88	239.20	.008	478.41	1.83
ASSISTANT SURGEON	1	1	398.73	398.73	.000	398.73	.13
ANESTHESIOLOGIST	8	98	1,740.71	17.76	.031	217.59	.55
OUTPATIENT SURGERY	30	119	4,829.69	40.59	.038	160.99	1.54
PRINCIPAL SURGEON	23	27	3,770.38	139.64	.009	163.93	1.20

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	92		1,059.31	11.51	.029	132.41	.34
DIALYSIS	3	3		600.08	200.03	.001	200.03	.19
PATHOLOGY	21	52		741.59	14.26	.017	35.31	.24
RADIOLOGY	75	151		6,327.96	41.91	.048	84.37	2.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	52		2,265.37	43.56	.017	377.56	.72
OTHER SERVICES/ALL X-OVERS	216	668		11,748.35	17.59	.212	54.39	3.74
@PHARMACY	1,448	8,626	\$	501,568.04	\$ 58.15	2.743	\$ 346.39	\$ 159.48
PRESCRIPTION DRUGS	1,434	5,662		494,519.72	87.34	1.800	344.85	157.24
SNF/ICF	308	1,655		137,178.06	82.89	.526	445.38	43.62
OUTPATIENTS	1,135	4,007		357,341.66	89.18	1.274	314.84	113.62
MEDICAL SUPPLIES	77	2,964		7,048.32	2.38	.942	91.54	2.24
@DENTIST	108	380	\$	16,527.68	\$ 43.49	.121	\$ 153.03	\$ 5.26
VISITS - DIAGNOSTIC	79	254		3,612.78	14.22	.081	45.73	1.15
ORAL SURGERY	14	28		1,649.00	58.89	.009	117.79	.52
DRUGS	1	2		.00	.00	.001	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.06
PERIODONTICS	5	5		354.00	70.80	.002	70.80	.11
ENDODONTICS	5	6		1,870.00	311.67	.002	374.00	.59
RESTORATIVE DENTISTRY	22	52		3,546.90	68.21	.017	161.22	1.13
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	31		5,295.00	170.81	.010	588.33	1.68
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,674
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

3,145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	149	\$ 2,955.59	\$ 19.84	.047	\$ 62.88	\$.94
DIAGNOSTIC AND ANC. PROCED	16	16	743.18	46.45	.005	46.45	.24
EYE APPLIANCES	43	131	2,096.06	16.00	.042	48.75	.67
OTHER OPTOMETRIC SERVICES	2	2	116.35	58.18	.001	58.18	.04
@CHIROPRACTOR	2	14	\$ 188.94	\$ 13.50	.004	\$ 94.47	\$.06
VISITS	1	8	133.76	16.72	.003	133.76	.04
OTHER SERVICES	1	6	55.18	9.20	.002	55.18	.02
@PODIATRIST	61	101	\$ 594.23	\$ 5.88	.032	\$ 9.74	\$.19
MEDICINE/INJECTIONS	3	3	105.20	35.07	.001	35.07	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.01
OTHER	58	97	471.73	4.86	.031	8.13	.15
@HOME HEALTH AGENCY	9	619	\$ 19,037.89	\$ 30.76	.197	\$ 2115.32	\$ 6.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	5.47	5.47	.000	5.47	.00
@TOTAL HOSPITAL	363	1,838	\$ 152,886.85	\$ 83.18	.584	\$ 421.18	\$ 48.61
HOSP INPATIENT TOTAL	34	77	101,162.07	1313.79	.024	2975.36	32.17
HSC HOSPITALS	6	25	39,581.00	1583.24	.008	6596.83	12.59
NON-HSC HOSPITAL TOTAL	8	52	37,870.87	728.29	.017	4733.86	12.04
ACCOMMODATIONS	8	52	16,109.15	309.79	.017	2013.64	5.12
ADMINISTRATIVE DAYS	1	27	6,245.10	231.30	.009	6245.10	1.99
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	9,864.05	394.56	.008	1409.15	3.14
ANCILLARIES	8	0	21,761.72	.00	.000	2720.22	6.92
INPATIENT CROSSOVERS	21	0	23,710.20	.00	.000	1129.06	7.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	335	1,761	51,724.78	29.37	.560	154.40	16.45
MEDICAL	118	205	8,371.07	40.83	.065	70.94	2.66
SURGERY	30	31	1,523.39	49.14	.010	50.78	.48
PATHOLOGY	90	486	5,216.87	10.73	.155	57.97	1.66
RADIOLOGY	65	98	10,415.37	106.28	.031	160.24	3.31
ROOM USE	144	213	7,939.27	37.27	.068	55.13	2.52
CROSSOVERS/ALL OTH OUTPTNT	176	728	18,258.81	25.08	.231	103.74	5.81
@COUNTY HOSPITAL TOTAL	11	104	\$ 15,105.04	\$ 145.24	.033	\$ 1373.19	\$ 4.80
CO HOSPITAL INPATIENT TOTAL	2	14	13,015.65	929.69	.004	6507.83	4.14
HSC HOSPITALS	2	10	11,150.00	1115.00	.003	5575.00	3.55
NON-HSC HOSPITALS TOTAL	1	4	1,865.65	466.41	.001	1865.65	.59
ACCOMMODATIONS	1	4	925.20	231.30	.001	925.20	.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	925.20	231.30	.001	925.20	.29
ANCILLARIES	1	0	940.45	.00	.000	940.45	.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	90	2,089.39	23.22	.029	208.94	.66
MEDICAL	6	13	505.45	38.88	.004	84.24	.16
SURGERY	1	1	93.64	93.64	.000	93.64	.03
PATHOLOGY	7	45	378.26	8.41	.014	54.04	.12
RADIOLOGY	3	9	374.07	41.56	.003	124.69	.12
ROOM USE	7	13	621.24	47.79	.004	88.75	.20
CROSSOVERS/ALL OTH OUTPTNT	4	9	116.73	12.97	.003	29.18	.04

3,145 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	352	1,734	\$	137,781.81	\$ 79.46	.551	\$ 391.43	\$ 43.81
COMM HOSP INPATIENT TOTAL	32	63		88,146.42	1399.15	.020	2754.58	28.03
HSC HOSPITALS	4	15		28,431.00	1895.40	.005	7107.75	9.04
NON-HSC HOSPITALS TOTAL	7	48		36,005.22	750.11	.015	5143.60	11.45
ACCOMMODATIONS	7	48		15,183.95	316.33	.015	2169.14	4.83
ADMINISTRATIVE DAYS	1	27		6,245.10	231.30	.009	6245.10	1.99
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	21		8,938.85	425.66	.007	1489.81	2.84
ANCILLARIES	7	0		20,821.27	.00	.000	2974.47	6.62
INPATIENT CROSSOVERS	21	0		23,710.20	.00	.000	1129.06	7.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	325	1,671		49,635.39	29.70	.531	152.72	15.78
MEDICAL	112	192		7,865.62	40.97	.061	70.23	2.50
SURGERY	29	30		1,429.75	47.66	.010	49.30	.45
PATHOLOGY	83	441		4,838.61	10.97	.140	58.30	1.54
RADIOLOGY	62	89		10,041.30	112.82	.028	161.96	3.19
ROOM USE	137	200		7,318.03	36.59	.064	53.42	2.33
CROSSOVERS/ALL OTH OUTPTNT	172	719		18,142.08	25.23	.229	105.48	5.77
@STATE HOSPITAL	0	0	\$	1,887.50	\$.00	.000	\$.00	\$.60
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		1,887.50	.00	.000	.00	.60
@NURSING FACILITY	269	6,128	\$	915,303.20	\$ 149.36	1.948	\$ 3402.61	\$ 291.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	66	1,883		269,223.85	142.98	.599	4079.15	85.60
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	203	4,245		646,079.35	152.20	1.350	3182.66	205.43
@INTERMEDIATE CARE FACIL.-DD	35	891	\$	159,339.34	\$ 178.83	.283	\$ 4552.55	\$ 50.66
ICF DDH	32	800		140,029.48	175.04	.254	4375.92	44.52
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	3	91		19,309.86	212.20	.029	6436.62	6.14
@HEMODIALYSIS TOTAL	22	112	\$	17,580.62	\$ 156.97	.036	\$ 799.12	\$ 5.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	112		17,580.62	156.97	.036	799.12	5.59
@REHABILITATION FACILITY	18	379	\$	5,719.06	\$ 15.09	.121	\$ 317.73	\$ 1.82
HOSPITAL BASED	3	94		1,532.91	16.31	.030	510.97	.49
INDEPENDENT FACILITY	15	285		4,186.15	14.69	.091	279.08	1.33
@LABORATORY FACILITY	62	220	\$	2,762.58	\$ 12.56	.070	\$ 44.56	\$.88
PATHOLOGY	62	220		2,762.58	12.56	.070	44.56	.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	237	427	\$	39,662.31	\$ 92.89	.136	\$ 167.35	\$ 12.61
CLINIC	10	36		976.64	27.13	.011	97.66	.31
SURGICENTER	1	1		197.97	197.97	.000	197.97	.06
HEROIN DETOX CLINIC	2	15		222.41	14.83	.005	111.21	.07
RURAL HEALTH CLINIC	227	375		38,265.29	102.04	.119	168.57	12.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SONOMA COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL							
								PAGE 15,676
								03/14/05

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	308	12,865	\$	126,801.37	\$ 9.86	4.091	\$ 411.69	\$ 40.32
DURABLE MED. EQUIP.	29	88		33,323.86	378.68	.028	1149.10	10.60
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5		1,013.61	202.72	.002	337.87	.32
MEDICAL TRANSPORTATION	59	1,916		9,450.87	4.93	.609	160.18	3.01
AMBULANCES/AIR TRANS	28	288		4,011.04	13.93	.092	143.25	1.28
OTHER TRANS	25	1,624		5,512.00	3.39	.516	220.48	1.75
OTHER SERVICES	7	4		72.17CR	18.04CR	.001	10.31CR	.02CR
ACUPUNCTURE	3	10		173.01	17.30	.003	57.67	.06
ADULT DAY HEALTH CARE CTR	1	15		1,043.70	69.58	.005	1043.70	.33
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	70		1,317.03	18.81	.022	263.41	.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	45	100		1,069.27	10.69	.032	23.76	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	13	24		47.39	1.97	.008	3.65	.02
PROSTHETIST/ORTHOTISTS	4	11		792.64	72.06	.003	198.16	.25
PROSTHETICS	4	11		792.64	72.06	.003	198.16	.25
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		84.45	42.23	.001	42.23	.03
SPEECH AND AUDIOLOGY	14	31		1,865.15	60.17	.010	133.23	.59
HOSPICE SERVICES	17	456		61,462.32	134.79	.145	3615.43	19.54
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61	1,520		11,327.07	7.45	.483	185.69	3.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	71	8,617		3,831.00	.44	2.740	53.96	1.22
@CALIF. CHILDREN SERVICES*	75	538	\$	26,391.64	\$ 49.06	.171	\$ 351.89	\$ 8.39
@XOVER EXCLUDING STATE HOSP**	413	3,014	\$	125,513.78	\$ 41.64	.958	\$ 303.91	\$ 39.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,677
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED	

	543,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	308,589		4,891,777	\$ 340,790,999.73	\$ 69.67	8.998	\$ 1104.35	\$ 626.88
@PHYSICIANS SERVICES	77,925		269,480	\$ 10,411,799.49	\$ 38.64	.496	\$ 133.61	\$ 19.15
OUTPATIENT VISITS	40,442		55,130	2,122,855.74	38.51	.101	52.49	3.90
OFFICE VISITS	22,230		28,770	853,252.39	29.66	.053	38.38	1.57
HOME VISITS	126		163	9,016.20	55.31	.000	71.56	.02
EMERGENCY ROOM	15,663		19,124	985,036.09	51.51	.035	62.89	1.81
PREVENTIVE CARE	488		495	19,104.82	38.60	.001	39.15	.04
OB VISITS/COMPRI PERI	1,371		3,337	175,123.92	52.48	.006	127.73	.32
OTHER OUTPATIENT	2,843		3,241	81,322.32	25.09	.006	28.60	.15
INPATIENT VISITS	5,616		20,260	1,189,293.90	58.70	.037	211.77	2.19
HOSPITAL VISITS	4,891		15,885	724,339.31	45.60	.029	148.10	1.33
CRITICAL CARE	609		3,099	422,769.16	136.42	.006	694.20	.78
SNF/ICF/TRANS IP CARE	547		1,276	42,185.43	33.06	.002	77.12	.08
OPHTHALMOLOGICAL SERVICES	1,254		1,573	67,023.97	42.61	.003	53.45	.12
EXAMINATIONS	1,245		1,568	66,696.22	42.54	.003	53.57	.12
SERVICES AND MATERIALS	9		5	327.75	65.55	.000	36.42	.00

INPATIENT HOSPITAL SURGERY	4,712	25,779		2,269,896.18	88.05	.047	481.73	4.18
PRINCIPAL SURGEON	3,038	3,722		1,765,514.43	474.35	.007	581.14	3.25
ASSISTANT SURGEON	370	375		68,129.64	181.68	.001	184.13	.13
ANESTHESIOLOGIST	2,057	21,682		436,252.11	20.12	.040	212.08	.80
OUTPATIENT SURGERY	5,392	14,394		922,387.24	64.08	.026	171.07	1.70
PRINCIPAL SURGEON	4,337	5,634		722,198.27	128.19	.010	166.52	1.33
ASSISTANT SURGEON	54	54		5,137.88	95.15	.000	95.15	.01
ANESTHESIOLOGIST	1,321	8,706		195,051.09	22.40	.016	147.65	.36
DIALYSIS	398	572		102,219.78	178.71	.001	256.83	.19
PATHOLOGY	6,051	12,820		211,980.78	16.54	.024	35.03	.39
RADIOLOGY	18,341	30,224		1,196,354.89	39.58	.056	65.23	2.20
PSYCHIATRY	7	8		234.46	29.31	.000	33.49	.00
IMMUNIZATION AND INJECTION	1,267	12,056		783,775.42	65.01	.022	618.61	1.44
OTHER SERVICES/ALL X-OVERS	19,600	96,664		1,545,777.13	15.99	.178	78.87	2.84
@PHARMACY	167,788	1,753,072	\$	52,982,860.46	\$ 30.22	3.225	\$ 315.77	\$ 97.46
PRESCRIPTION DRUGS	165,446	619,828		51,680,673.49	83.38	1.140	312.37	95.07
SNF/ICF	10,971	78,071		5,327,027.84	68.23	.144	485.56	9.80
OUTPATIENTS	154,780	541,757		46,353,645.65	85.56	.997	299.48	85.27
MEDICAL SUPPLIES	11,980	1,133,244		1,302,186.97	1.15	2.085	108.70	2.40
@DENTIST	20,429	97,130	\$	3,081,260.70	\$ 31.72	.179	\$ 150.83	\$ 5.67
VISITS - DIAGNOSTIC	15,051	62,158		879,312.92	14.15	.114	58.42	1.62
ORAL SURGERY	3,000	7,617		445,651.09	58.51	.014	148.55	.82
DRUGS	120	132		2,255.43	17.09	.000	18.80	.00
ANESTHESIA	131	134		11,884.00	88.69	.000	90.72	.02
PERIODONTICS	475	520		52,931.22	101.79	.001	111.43	.10
ENDODONTICS	1,368	2,705		293,711.09	108.58	.005	214.70	.54
RESTORATIVE DENTISTRY	6,496	19,628		994,401.09	50.66	.036	153.08	1.83
PROSTHETICS	72	77		1,750.00	22.73	.000	24.31	.00
DENTURES, STAYPLATES	916	2,661		344,275.78	129.38	.005	375.85	.63
SPACE MAINTAINERS	84	103		10,303.00	100.03	.000	122.65	.02
MAXILLOFACIAL SERVICES	37	52		5,450.39	104.82	.000	147.31	.01
FRACTURES, DISLOCATIONS	1	1		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	523	659		36,752.44	55.77	.001	70.27	.07
ALL OTHER SERVICES	544	683		2,582.25	3.78	.001	4.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,678
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

----- MONTHLY AVERAGE -----								
543,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5,816	17,453	\$ 362,973.90	\$ 20.80	.032	\$ 62.41	\$.67	
DIAGNOSTIC AND ANC. PROCED	2,868	3,068	129,854.60	42.33	.006	45.28	.24	
EYE APPLIANCES	4,643	13,844	215,858.74	15.59	.025	46.49	.40	
OTHER OPTOMETRIC SERVICES	380	541	17,260.56	31.90	.001	45.42	.03	
@CHIROPRACTOR	421	1,024	\$ 16,699.08	\$ 16.31	.002	\$ 39.67	\$.03	
VISITS	395	975	16,089.33	16.50	.002	40.73	.03	
OTHER SERVICES	26	49	609.75	12.44	.000	23.45	.00	
@PODIATRIST	3,473	6,113	\$ 54,972.82	\$ 8.99	.011	\$ 15.83	\$.10	
MEDICINE/INJECTIONS	348	439	12,141.63	27.66	.001	34.89	.02	
SURGERY/ANES.	23	27	1,496.51	55.43	.000	65.07	.00	
RADIO./PATHOLOGY	13	17	342.54	20.15	.000	26.35	.00	
OTHER	3,112	5,630	40,992.14	7.28	.010	13.17	.08	
@HOME HEALTH AGENCY	1,696	38,248	\$ 1,273,289.72	\$ 33.29	.070	\$ 750.76	\$ 2.34	
NURSE ANESTHESIST	21	237	\$ 3,243.35	\$ 13.69	.000	\$ 154.45	\$.01	
NURSE MIDWIFE	2,512	20,145	\$ 583,542.22	\$ 28.97	.037	\$ 232.30	\$ 1.07	
PEDIATRIC NURSE PRACTITIONER	2	3	\$ 68.70	\$ 22.90	.000	\$ 34.35	\$.00	

FAMILY NURSE PRACTITIONER	43	63	\$	1,678.42	\$	26.64	.000	\$	39.03	\$	.00
@TOTAL HOSPITAL	67,353	290,239	\$	51,011,963.13	\$	175.76	.534	\$	757.38	\$	93.84
HOSP INPATIENT TOTAL	6,227	23,974		43,349,153.91		1808.17	.044		6961.48		79.74
HSC HOSPITALS	595	4,317		6,806,340.55		1576.64	.008		11439.23		12.52
NON-HSC HOSPITAL TOTAL	4,424	19,657		35,312,280.41		1796.42	.036		7981.98		64.96
ACCOMMODATIONS	4,417	19,657		12,168,751.59		619.05	.036		2754.98		22.38
ADMINISTRATIVE DAYS	24	327		68,210.61		208.60	.001		2842.11		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4,397	19,330		12,100,540.98		626.00	.036		2752.00		22.26
ANCILLARIES	4,423	0		23,143,528.82		.00	.000		5232.54		42.57
INPATIENT CROSSOVERS	1,272	0		1,230,532.95		.00	.000		967.40		2.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	63,621	266,265		7,662,809.22		28.78	.490		120.44		14.10
MEDICAL	20,635	29,925		1,090,624.12		36.45	.055		52.85		2.01
SURGERY	5,675	6,908		305,902.69		44.28	.013		53.90		.56
PATHOLOGY	18,949	72,646		903,925.65		12.44	.134		47.70		1.66
RADIOLOGY	14,386	19,473		1,456,261.43		74.78	.036		101.23		2.68
ROOM USE	35,513	49,124		1,845,230.43		37.56	.090		51.96		3.39
CROSSOVERS/ALL OTH OUTPTNT	25,408	88,189		2,060,864.90		23.37	.162		81.11		3.79
@COUNTY HOSPITAL TOTAL	267	1,569	\$	461,836.84	\$	294.35	.003	\$	1729.73	\$	.85
CO HOSPITAL INPATIENT TOTAL	35	334		420,173.14		1258.00	.001		12004.95		.77
HSC HOSPITALS	35	310		406,692.07		1311.91	.001		11619.77		.75
NON-HSC HOSPITALS TOTAL	3	24		13,481.07		561.71	.000		4493.69		.02
ACCOMMODATIONS	3	24		5,551.20		231.30	.000		1850.40		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	24		5,551.20		231.30	.000		1850.40		.01
ANCILLARIES	3	0		7,929.87		.00	.000		2643.29		.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	244	1,235		41,663.70		33.74	.002		170.75		.08
MEDICAL	86	122		5,334.86		43.73	.000		62.03		.01

SURGERY	51	76	3,050.66	40.14	.000	59.82	.01
PATHOLOGY	77	442	8,123.07	18.38	.001	105.49	.01
RADIOLOGY	38	55	3,176.80	57.76	.000	83.60	.01
ROOM USE	162	279	13,607.31	48.77	.001	84.00	.03
CROSSOVERS/ALL OTH OUTPTNT	131	261	8,371.00	32.07	.000	63.90	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,679
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

		----- MONTHLY AVERAGE -----						
543,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	67,133	288,670	\$ 50,550,126.29	\$ 175.11	.531	\$ 752.98	\$ 92.99	
COMM HOSP INPATIENT TOTAL	6,194	23,640	42,928,980.77	1815.95	.043	6930.74	78.97	
HSC HOSPITALS	560	4,007	6,399,648.48	1597.12	.007	11427.94	11.77	
NON-HSC HOSPITALS TOTAL	4,422	19,633	35,298,799.34	1797.93	.036	7982.54	64.93	
ACCOMMODATIONS	4,415	19,633	12,163,200.39	619.53	.036	2754.97	22.37	
ADMINISTRATIVE DAYS	24	327	68,210.61	208.60	.001	2842.11	.13	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4,395	19,306	12,094,989.78	626.49	.036	2751.99	22.25	
ANCILLARIES	4,421	0	23,135,598.95	.00	.000	5233.11	42.56	
INPATIENT CROSSOVERS	1,272	0	1,230,532.95	.00	.000	967.40	2.26	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	63,414	265,030	7,621,145.52	28.76	.488	120.18	14.02	
MEDICAL	20,554	29,803	1,085,289.26	36.42	.055	52.80	2.00	
SURGERY	5,625	6,832	302,852.03	44.33	.013	53.84	.56	
PATHOLOGY	18,880	72,204	895,802.58	12.41	.133	47.45	1.65	
RADIOLOGY	14,354	19,418	1,453,084.63	74.83	.036	101.23	2.67	
ROOM USE	35,376	48,845	1,831,623.12	37.50	.090	51.78	3.37	
CROSSOVERS/ALL OTH OUTPTNT	25,283	87,928	2,052,493.90	23.34	.162	81.18	3.78	
@STATE HOSPITAL	9,436	291,492	\$ 149,958,047.53	\$ 514.45	.536	\$ 15892.12	\$ 275.85	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	9,436	291,492	149,958,047.53	514.45	.536	15892.12	275.85	
@NURSING FACILITY	10,616	306,539	\$ 37,937,496.81	\$ 123.76	.564	\$ 3573.61	\$ 69.79	
LEV A-INTERMEDIATE	7	271	27,716.68	102.28	.000	3959.53	.05	
LEV B-REHAB MD	571	18,679	2,436,617.55	130.45	.034	4267.28	4.48	
LEV B-SUBACUTE FREESTANDING	11	346	127,772.56	369.28	.001	11615.69	.24	
LEV B-SUBACUTE HSPTL BASED	60	2,065	1,101,336.06	533.33	.004	18355.60	2.03	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	9,976	285,178	34,244,053.96	120.08	.525	3432.64	62.99	
@INTERMEDIATE CARE FACIL.-DD	1,599	49,210	\$ 8,800,971.50	\$ 178.85	.091	\$ 5504.05	\$ 16.19	
ICF DDH	1,114	34,318	5,415,590.63	157.81	.063	4861.39	9.96	
ICF DD	10	323	35,832.12	110.94	.001	3583.21	.07	
ICF DDN/DDCN	476	14,569	3,349,548.75	229.91	.027	7036.87	6.16	
@HEMODIALYSIS TOTAL	1,438	42,045	\$ 2,005,448.50	\$ 47.70	.077	\$ 1394.61	\$ 3.69	
HOSPITAL BASED	8	169	66,341.00	392.55	.000	8292.63	.12	
HEMODIALYSIS CENTER	1,430	41,876	1,939,107.50	46.31	.077	1356.02	3.57	
@REHABILITATION FACILITY	723	9,429	\$ 146,533.39	\$ 15.54	.017	\$ 202.67	\$.27	
HOSPITAL BASED	103	954	21,122.62	22.14	.002	205.07	.04	
INDEPENDENT FACILITY	621	8,475	125,410.77	14.80	.016	201.95	.23	
@LABORATORY FACILITY	20,119	62,419	\$ 949,775.61	\$ 15.22	.115	\$ 47.21	\$ 1.75	
PATHOLOGY	20,030	62,139	947,518.52	15.25	.114	47.30	1.74	
XO AND OTHERS	93	280	2,257.09	8.06	.001	24.27	.00	
@ORGANIZED OUTPATIENT CLINIC	67,906	127,997	\$ 12,462,522.71	\$ 97.37	.235	\$ 183.53	\$ 22.92	
CLINIC	5,383	18,893	706,887.47	37.42	.035	131.32	1.30	
SURGICENTER	314	856	73,281.58	85.61	.002	233.38	.13	
HEROIN DETOX CLINIC	94	1,229	15,001.75	12.21	.002	159.59	.03	

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
SONOMA COUNTY

62,349 107,019 11,667,351.91
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

109.02 .197 187.13 21.46
PAGE 15,680
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
543,627 ELIGIBLES							
@ALL OTHER PROVIDERS	31,552	1,509,439	\$ 8,745,851.69	\$ 5.79	2.777	\$ 277.19	\$ 16.09
DURABLE MED. EQUIP.	2,592	10,037	1,544,416.90	153.87	.018	595.84	2.84
BLOOD BANK	24	3,106	13,141.50	4.23	.006	547.56	.02
HEARING AID DISPENSERS	264	435	77,991.24	179.29	.001	295.42	.14
MEDICAL TRANSPORTATION	4,735	254,934	1,268,401.70	4.98	.469	267.88	2.33
AMBULANCES/AIR TRANS	2,833	25,381	453,674.49	17.87	.047	160.14	.83
OTHER TRANS	1,702	228,668	707,722.32	3.09	.421	415.82	1.30
OTHER SERVICES	282	885	107,004.89	120.91	.002	379.45	.20
ACUPUNCTURE	267	719	12,277.35	17.08	.001	45.98	.02
ADULT DAY HEALTH CARE CTR	308	3,540	246,042.67	69.50	.007	798.84	.45
GENETIC DISEASE TESTING	1,245	1,245	130,533.00	104.85	.002	104.85	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	1,958	36,721	1,477,535.73	40.24	.068	754.61	2.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,145	11,627	121,929.78	10.49	.021	23.70	.22
PHYSICAL THERAPIST	116	556	7,530.25	13.54	.001	64.92	.01
PORTABLE X-RAY	244	424	2,726.01	6.43	.001	11.17	.01
PROSTHETIST/ORTHOTISTS	375	1,456	223,797.52	153.71	.003	596.79	.41
PROSTHETICS	374	1,455	223,701.02	153.75	.003	598.13	.41
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	295	944	22,214.08	23.53	.002	75.30	.04
SPEECH AND AUDIOLOGY	1,894	5,515	275,172.80	49.90	.010	145.29	.51
HOSPICE SERVICES	594	16,826	2,043,567.94	121.45	.031	3440.35	3.76
NONINST BIRTHING CENTERS	94	94	93,337.97	992.96	.000	992.96	.17
LOCAL EDUCATION AGENCIES	5,620	62,796	579,022.02	9.22	.116	103.03	1.07
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.002	5689.86	.05
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8,189	1,097,290	577,763.93	.53	2.018	70.55	1.06
@CALIF. CHILDREN SERVICES*	3,997	153,861	\$ 9,095,701.20	\$ 59.12	.283	\$ 2275.63	\$ 16.73
@XOVER EXCLUDING STATE HOSP**	28,690	677,345	\$ 5,197,996.47	\$ 7.67	1.246	\$ 181.18	\$ 9.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.